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CAPE OF GOOD HOPE.

LEPROSY COMMISSION,

1894.

MINUTES OF EVIDENCE.

VOL. I.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
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1894.

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CAPE OF GOOD HOPE.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
26 NOV 95
LIBRARY

LEPROSY COMMISSION.

MINUTES OF EVIDENCE.

Printed for Presentation to both Houses of Parliament by Command of His Excellency the Governor.

1894.

Cape Town, 5*th February*, 1894.

PRESENT:

Dr. MURRAY, Chairman.

Dr. Dodds,	Dr. Greathead,
,, Fismer,	,, Herman.

Mr. Henry de Smidt examined.

1. *Chairman.*] You are Under Colonial Secretary?—Yes.

2. Can you place at the disposal of the Commission any official reports relating to the prevalence of leprosy in the Colony and in South Africa generally?—The only reports we have are the reports made by the Surgeon Superintendent of Robben Island on the Leper Establishment there. I am not aware of any reports issued in any other Colony or State in South Africa.

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3. Have you any record among those reports shewing the time that leprosy was first noticed in this Colony, or how it was introduced and spread? I think I shall be able to get for the Commission whatever information is contained in the archives. Mr. Theal makes mention of lepers in the Colony in his history of the earlier years of the settlement.

4. Have you any records dealing with the former leper settlement near Caledon—the *Hemel en Aarde* as it was called?—Those records would be among the archives.

5. Is there any report concerning that settlement which would show that its presence there formed a focus or nidus from which there was a subsequent spread of the disease?—I am not sufficiently acquainted with the archives relating to leprosy to say.

6. Have you any records or maps shewing the various areas in the Colony in which leprosy now exists?—The statistics have not been mapped, but I can furnish the Commission with a return shewing the number of lepers who have come from the different districts of the Colony.

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7. Would that return show the relative proportion of the diseased and the healthy population in those areas, as well as the relative proportion of white and coloured ?—That might easily be derived from the census population results of the several districts.

8. Would the returns also touch upon the condition of the people afflicted and their surroundings as regards climate and soil?—The returns show the occupations of the lepers and the different districts would establish the climatic conditions.

9. In the census returns could any source of error have obtained, as for instance, in regard to the diagnosis of the disease, and the authority upon which a person was pronounced leprous ?—Experience has shewn that all census results dealing with infirmities of the people are defective, as the tendency is not only to represent but to understate and to conceal, but in regard to the leprosy statistics of this Colony, I may mention that previous estimates made upon information given by district surgeons place the number of lepers throughout the Colony at about 600, on two occasions, and my census results show a total of a little over 600, but with the later information before me I should say that the census result was understated, probably owing to the difficulty experienced by householders, unaided by professional advice in detecting leprosy. My experience has shewn that even among medical men there is considerable conflict of opinion as to what is and what is not leprosy.

10. Are there any returns which would give information as to how many lepers are now estimated to be at large in the Colony ?—I am able to give the Commission a return of the number of lepers stated to be at large. We have endeavoured to remove to the asylum all the lepers in regard to whom we had positive information, but owing to several doubtful cases that were admitted on Robben Island and subsequently removed upon its being shewn that they were non-leprous, we have been rather careful not to remove any case which was not entirely free from doubt. I have a return here shewing that there are lepers awaiting removal in twelve districts only, but I shall furnish the Commission with a return shewing the number reported to be at large in each.

11. How many lepers are there now in durance under the Segregation Act ?—We have 535, that was on the 26th of January, including lepers from the Free State and Bechuanaland.

12. I presume the greater number of these lepers is from the Colony ?—Yes, the greater number.

13. Have any lepers been discharged from Robben Island as cured ?—No leper has been discharged from Robben Island as cured.

14. *Dr. Dodds.*] As regards the documents available, there have been various reports from the district surgeons during the last few years; I suppose these could be placed at our disposal ?—Yes, I may say that accompanying each leper we endeavour to get a statistical return shewing as far as can be ascertained the origin of the disease and whether the grandparents, parents, brothers, sisters, or other relatives are afflicted.

15. I believe the district surgeons were asked several years ago their opinion as to the contagiousness of leprosy, and also whether they had any practical suggestions to make ?—Yes. Those returns are of course available for the information of the Commission.

16. Is the Transkei leper establishment already occupied ?—Yes; it is occupied by as many lepers as it can admit.

17. Does the return of 535 include the Transkei ?—No; that is the number of Robben Island lepers only.

18. To make it complete, might we have the number of lepers in the Transkei ?—The Transkei leper asylum is under the administration of the Native Affairs department, but I will obtain a return of the number of lepers admitted there.

19. *Chairman.*] Does it not tend to increase the difficulty of obtaining returns through having two departments dealing with the question?—I think it would be better if one department dealt with all the leper asylums in the Colony.

20. *Dr. Dodds.*] With regard to the procedure under the present Act, what has been your experience in reference to its working?—In my opinion the present Act does not afford a sufficient safeguard to the individual, inasmuch as it enables compulsory removal to be effected upon only one medical certificate and another certificate by a Justice of the Peace or a Field-cornet, who in the nature of things knows very little about the matter at all but who takes his cue from the medical practitioner. I should insist upon at least two certificates. As a matter of administration, we have in every case where there has been the slightest doubt or where there has been any unwillingness on the part of the individual, secured a second medical certificate, but even in spite of two, three, four, five and six certificates doubtful cases have arisen, several of them involving long periods of confinement on Robben Island of persons who were not lepers at all. The Act also makes no mention of those who are left at home; possibly the bread winner is removed to the asylum by the Government, but in all such cases inquiry has been made, and we have endeavoured to make some provision for the support of those who are left at home unprovided for.

21. Could a return of the doubtful cases be given us?—Quite easily.

22. *Dr. Herman.*] With regard to the certificate, is there no authority to supervise it before a man is committed to Robben Island; is there no period of probation?—The practice is this: the leper is examined by a medical practitioner, who fills up a form of certificate as provided by the Act to this effect—"I certify that —— is a leper, and that the fact that he is at large is likely to spread the disease." Upon that positive statement the leper is removed. In some cases the medical practitioner has said that the individual was a leper, but the fact that he was at large was *not* likely to spread the disease, and under such a certificate we have not removed the leper. These certificates, when they cometo the Colonial office are accompanied by a statement shewing among other things whether the individual was willing to go, and if unwilling, the ground of his unwillingness. If the individual expressed a doubt as to whether he was a leper or not, a second certificate was in every case obtained, and when all doubt was solved, the paper was submitted to the Governor in Council, and a warrant for the removal of the leper issued, after the minute to the Governor had been circulated among Ministers. The leper was then removed to the Old Somerset Hospital, where he was examined by the surgeon in charge of that institution, who was instructed to see that none but leprous persons were sent to the island. Upon arrival at the island, or as soon as possible thereafter, the medical officers of the establishment examined the leper, who was practically placed under observation for about a month.

23. I take it therefore that the Act does not prescribe a period of probation or residence in isolation, but in practice that has been in force in all cases?—Yes.

24. Is it not a fact that there have been cases where persons who had not got leprosy at all were incarcerated on the island?—I have already said so in my evidence, and promised a return of doubtful cases.

25. Are there any doubtful cases on the island at present?—None at present; we have removed them all.

26. *Dr. Dodds.*] Even in the doubtful cases, the patients were not doubtful of it themselves, were they?—No.

27. In all doubtful cases you have got a second or third certificate, and there are no cases where the patient has denied that he has got leprosy?—No.

28. The doubt was rather a medical one was it not?—Yes; the diagnosis. I

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might mention that upon a doubtful case being reported from Robben Island, the Surgeon Superintendent was asked to state the disease from which the person was suffering, and if both the medical men on the island were of the same opinion that the individual was not leprous, his removal was instantly authorized here, by the command of the Governor in Council in every case.

29. *Dr. Fismer.*] Is the decision left simply to the medical authorities on the island, before an individual is discharged?—In one case we took the further precaution of securing a third certificate from Dr. Cox of the Old Somerset Hospital. The patients pass through the Old Somerset Hospital to the island and also from the island. The case I refer to was one sent from the Free State and reported on at once by Dr. Impey as a non-leprous case; we took the precaution at the instance of the Free State government, of asking Dr. Cox to give a certificate, and he gave an unqualified certificate that it was not a case of leprosy.

30. *Dr. Dodds.*] Had this case passed through Dr. Cox's hands?—I believe so.

31. Then he certified twice?—I think in this case the train was timed to arrive just about the time that the vessel left for the island, and Dr. Cox had no opportunity of inspecting the individual.

32. *Dr. Herman.*] Are you of opinion that there is practically sufficient safeguard to exclude doubtful cases?—I have very grave doubts indeed, and I confess that my doubts arise from the fact that the medical examination and diagnosis seem to be so uncertain. I might mention an instance where two medical men reported that a case was non-leprous. This was before the Act came into operation. The Medical Board were sent to solve some doubts that existed in the minds of the officers at Robben Island, and they reported that the case was leprosy. Dr. Impey differed in opinion from the Medical Board; he was of opinion that the case was non-leprous, but upon the consensus of opinion of the Medical Board, the leper remained on the island, and it was only when we requested Dr. Impey, after the Act came into force, to re-examine and report upon the case, that he repeated his previous opinion, which was ultimately confirmed, and the individual has since been removed from the island.

33. *Dr. Dodds.*] Confirmed by whom?—By the late Dr. Fisk and Dr. Cox

34. *Chairman.*] In conjunction with Dr. Impey?—Dr. Impey had steadfastly maintained his opinion all through.

35. *Dr. Herman.*] Can we have the reports of that case?—Yes. I should like, however, to make the reservation that it should be only for the information of the Commission and not necessarily for publication.

36. *Dr. Fismer.*] Have not the medical men who gave certificates in the first instance been consulted afterwards?—We have in every case communicated with them.

37. *Dr. Dodds.*] In these doubtful cases, is the benefit given to the supposed leper?—Yes, distinctly. The formalities for discharge are expedited. I generally get the approval of the Governor in anticipation of the next meeting of the Executive Council.

38. *Dr. Herman.*] What is the procedure at the other leprosy institutions in the Colony?—The only other institution is in the Transkei. So far as I am aware, the Leprosy Act has been proclaimed in force in the Transkei, and the procedure there should be on the same lines as here.

39. That is not under your administration, I understand?—No.

40. What percentage of doubtful cases occur in the course of a year, or what percentage would the doubtful cases bear in proportion to the total number of cases of leprosy?—I shall supply this information with the other returns in due course.

41. *Dr. Greathead.*] Will you show in your return the number of lepers sent to Robben Island?—We can give a very complete return of the admissions from the earliest dates, beginning I think in 1846, when the first leper

was admitted, the duration of each case before discharge or death, the age on admission, the occupation, and other statistical information.

42. Have the registers from that date been carefully kept?—I am afraid they were not very carefully kept in the older years.

43. Say for the last ten years?—Yes, certainly for the last ten years.

44. What becomes of the children of lepers born on the island?—Arrangements are in progress for accommodating them in a separate building, but at present they are allowed to be with their parents.

45. *Dr. Herman.*] I suppose the census returns giving the total number of lepers in the Colony are simply approximate; do you rely upon the statement of the patient himself?—The head of the household.

46. Can you rely upon the returns that have been made as to the actual number of lepers at present in the Colony?—We get from each magistrate, quarterly, a return of lepers known to be at large.

47. Can you rely upon that, or is it simply the statement of the magistrate?—It is not the result of enumeration of the people, but the result of enquiries made through the district surgeons and field-cornets.

48. How far can that be assumed to be accurate: take a district like the Cape division for example?—The returns are only approximate.

49. Can you suggest any method by which some more definite return could be obtained?—Only by altering or amending the Act. I should make it compulsory upon the head of every household to report every case of leprosy known to exist within that household. At present it is only incumbent upon the district surgeons and field-cornets to make reports of cases coming within their knowledge. Medical practitioners might also be required to report cases, although that might be objected to on account of its being too inquisitorial.

50. Might it not be objected to as it would tend to keep patients away from the doctor?—Yes, that is so. What I wish to point out is that the words "medical officer" used in the Act are rather vague. It is not quite clear whether Government medical officers simply are meant, or medical men generally.

51. Would you attach any penalty to a person not registering the existence of leprosy in his family or household. I take it that you regard it as an important matter to ascertain the occurrence of cases of leprosy?—I think that it would be practically inoperative if it were not made penal.

52. As a matter of fact, do you find at present that many cases of leprosy are concealed, or that when you have once gained a knowledge of them, they are spirited away and disappear?—I have a return here shewing that since the taking effect of the Leprosy Repression Act on the 17th of May, 1892, we have dealt by warrant with 483 lepers. Of these, 18 have died in the interval between the issue of the warrant and the necessary formalities, and 14 are reported to have left the district. These cases may have reappeared in other districts, but at all events we lost trace of them, and we have put the police on their track without avail. Three cases are now under observation in the districts, subject to the periodical visit of the district surgeon. Three, after the warrant was issued, and before removal, were discovered to be non-leprous, and 48 are awaiting removal.

53. Do you find much tendency on the part of relations and friends to prevent the operation of the Act?—Speaking generally I should say not; although they do not disclose the truth to their relatives, they seem to be relieved when a leper is removed out of the household. I know one pronounced case on the island where an unfortunate man, a European, complains of having been neglected by his relatives and friends.

54. With regard to the 14 cases you referred to as having disappeared: are they roaming about by themselves, or are they being harboured by friends and relatives?—I can account for one of those cases reported to have left the district. The leper escaped into the Transvaal and went to Johannesburg, where I subsequently found he had died not long after.

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55. *Dr. Greathead.*] Have you formed any opinion as to what should be done with the richer class of lepers; should they be allowed to remain at their homes under any circumstances whatever?—I should allow lepers to remain on their farms or on the mainland only under the most stringent safeguards.

56. Do you think arrangements could be made?—They could be made, but it would be very expensive, and not within the means of even the well-to-do. I remember one case where we offered to allow a well-to-do European leper to establish an asylum upon his farm. The correspondence extended over some months, and eventually the unfortunate man elected to go to Robben Island, as he found that the cost of segregation on his own farm was beyond his means.

57. Has any special effort been made to seek out such cases among better class families?—No special effort beyond the instructions repeatedly given to magistrates to report every case and to take action under the Act in respect to every case discovered.

58. Has any objection ever been made by district surgeons to expose such cases?—None at all to my knowledge.

59. *Dr. Dodds.*] Have many persons asked to be allowed to live at home under certain restrictions and supervision?—I know of only five cases including the one that was subsequently removed to Robben Island.

60. Could you furnish us with a note of the restrictions that were to be imposed or the conditions on which residence at home could be allowed?—Yes. The correspondence with a leper now on the island would show what the proposals of the Government were. I might mention that when a Malay female leper was removed and placed in the Old Somerset Hospital under observation, a movement was set on foot by the more influential Malays for the establishment of a Malay leper asylum on the Cape Flats. Some representative Malays interviewed me, and I informed them what the probable cost would be, but although they expressed a decided objection to their co-religionists being removed to Robben Island, and had a distinct preference for a Malay asylum on the mainland where patients could be fed and looked after according to their "rites," they said the cost appeared to be an insuperable bar, and since then the Malays have submitted to removal to Robben Island without any opposition.

61. *Dr. Herman.*] Is the Old Somerset Hospital a leper asylum?—It is simply a half-way house for patients going to and coming from Robben Island. We must have such a place.

62. Is the Old Somerset Hospital an institution admitting a large number of persons?—There are male and female lunatics there, and male and female chronic sick.

63. Are there any lepers there?—Not permanently.

64. How many lepers are there there?—At the present time not one.

65. Are they brought into contact with the other residents?—No. There is separate accommodation for lepers within the institution.

66. Are they completely isolated?—The instructions are that they are to be completely isolated.

67. I take it that there are separate wards and separate kitchens and washhouses at the Old Somerset Hospital?—I doubt whether there is a separate kitchen. I do not think so, but I should prefer that information be elicited from Dr. Cox.

68. Is it contemplated to establish any other leper institutions in the Colony?—No.

69. Is there any practical difficulty in removing lepers from the Eastern Province to Cape Town?—None.

70. What method is adopted?—We have separate railway carriages specially fitted up for lepers, and these carriages are sent to any station from which a leper is required to be removed. I may mention that the inhabitants

themselves seem to have become alive to the danger of contact with lepers, in one or two cases to rather a ludicrous extent. In endeavouring to remove a case from Malmesbury for instance, we were compelled to hire two vehicles, one attached to the other. In one the leper was placed and in the other the attendants. I do not know whether that is typical of the districts, but I know that the Steamship Companies have refused to remove lepers by sea, which increases the difficulty of administration.

71. *Chairman.*] Does it appear that people regard the disease with such alarm as to put any difficulty in the way of hiring out vehicles or offering their personal services if required?—I know that before the Act came into operation, lepers were forced to remove from one district to another, and were not allowed even to reside in temporary huts on the commonage, and we were compelled to send them to the asylum to prevent them from perishing through cold and exposure.

72. Do you gather from this that people are waking up to the necessity for segregation?—Distinctly so, to a large extent.

73. *Dr. Herman.*] What proportion of cases wonld come from the frontier and places far distant?—In consequence of the difficulties attending the removal of natives from their surroundings, we left the lepers from King William's Town, Herschel, and other large native reserves, to be removed to the asylum in the Transkei, but I am afraid that the accommodation there is not sufficient, and we are now gradually removing these natives to Robben Island, so that it may be found in consequence of this, that we have not removed so many lepers from the Eastern Province as from the Western.

74. *Dr. Greathead.*] To your knowledge have any cases of leprosy been introduced from other countries by sea?—There is of course nothing to prevent such introduction, but no case occurs to me except one, and that is the case of an Indian woman who was found to have come from Natal. She was placed on Robben Island, but her husband got the consent of the Government to remove her back to his home by sea.

75. Is any effort made to prevent the introduction of leprosy through any of the ports?—There appears to be no law to prevent it. I may mention that in inspecting the coolie ships coming from Demarara, and going home to Calcutta, I have found on nearly every inspection that lepers are allowed to mix with the other coolies, without any attempt at isolation. I take it that if these lepers were to come ashore in Table Bay or any other port, we should not be aware of the fact.

76. *Dr. Dodds.*] Would ship surgeons declare a case of leprosy on board?—I should think they would in the case of coolie ships. The surgeon of the ship I alluded to did not report the fact. I discovered it in going my rounds, and saw the coolies. I communicated with the Indian Government on the matter, but I have not heard what their action has been.

77. Is there an agreement with Bechuanaland to take their lepers?—Yes.

78. *Dr. Herman.*] Have we any power to prevent the entrance of lepers say from Natal, the Transvaal, or Basutoland, countries we have not agreements with?—We have an agreement with Basutoland, but there is no means of stopping the entrance of lepers from Natal or the Transvaal.

79. Do you think that some such agreement would be advisable with all countries in South Africa, or some repressive legislation in order to prevent the entrance of lepers into this country?—I may mention that the tendency would be for lepers from this Colony to go to the other States rather than for lepers from elsewhere to come here, since we have repressive legislation, and they have not. I would also mention that this Government is in communication with the Governments of Natal and the Transvaal, with a view to their co-operating with us in putting an end to leprosy.

80. Would such combination be very much to our advantage?—Decidedly.

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81. Are there any other sources of danger outside the Colony beyond those you have mentioned?—No, I think not.

82. Have there been any cases of leprosy in Pondoland?—I have not had any reports from Pondoland.

83. *Dr. Dodds.*] Is there any information as to cases in Basutoland or Bechuanaland?—I believe the Government of Basutoland complained that there was a very large number of lepers there, possibly having escaped from the Free State.

84. In considering the question of accommodation, not only has this Colony to be considered, but Bechuanaland and Basutoland also?—Yes.

85. *Dr. Herman.*] The relative number of cases to the population and the incidence of the disease on certain classes would have to be obtained from certain tables and maps would they not?—We have given instructions to the Surgeon Superintendent on Robben Island to prepare cards for each leper, these cards containing as much information as can be obtained, and then by means of these cards we hope to be able to get information not only singly but in any combination the Commission may desire.

86. I suppose that in the administration of the Act, patients make a good many complaints as to the hardships of their lot and other matters; are there any special complaints that require investigation?—At first the lepers complained of the treatment and of the food being badly cooked; also as to the insufficiency of the food, that they did not get enough tobacco, and that their indulgencies were sometimes stopped unduly, but for sometime past the only complaint practically has been that they are away from their homes, and that they would like either to go back to the mainland or to be allowed occasionally to visit their homes.

87. What steps are adopted to investigate these complaints or give proper effect to them?—To the latter complaint there can only be one answer, which is, that as long as the law remains as it is, they cannot be removed from the island.

88. With regard to food, accommodation, and so on, is there any Board or Inspector to deal with complaints?—The Leper Asylum is visited at uncertain intervals by officially appointed inspectors.

89. How many inspectors are there?—About eight or nine.

90. Do they visit at uncertain times?—Yes.

91. And do they visit together?—No. Dr. Waterston sometimes visits alone and so does Mr. Rutherfoord.

92. Does the present system meet with your approval?—The visitors themselves seem to prefer to be allowed their own time to go. They visit the lunatic asylum at the same time.

93. Do you consider they are persons competent to report?—Yes. The late Dr. Fisk was one of the inspectors, and Dr. Roux. There are three medical gentlemen and four laymen.

94. Do they report independently or as a Board?—If they visit together, they report collectively, but otherwise they report singly. Any complaints are referred to the Surgeon Superintendent for his information. I may mention that I have frequently visited the island at uncertain times, and on one occasion I spent some days there.

95. *Dr. Dodds.*] Do the official visitors feel bound to decide whether a case is leprosy or not, or does their visit relate rather to the general administration?—To the general administration, complaints and so on.

96. *Dr. Herman.*] I gather that the body to whom appeal can be made and by whom complaints can be investigated is somewhat irregularly composed, consisting of professional men and laymen, and also that they report somewhat irregularly to the head of the establishment. Is that so?—I cannot agree that these gentlemen have been irregularly appointed or that they have done their duty irregularly.

97. There is nothing under the Act requiring such appointment, is there?—No.

98. Then you have no authority for the appointment, have you?—I am afraid the Government does a great deal that it has no absolute authority for. I may say that these unfortunate people have a further safeguard as their friends and relatives are allowed to visit them practically when they please, and along our lines of railway, as well as the lines not under the Government control, those of them who are unable to pay, receive free passes, and those who can pay have the advantage of half fares. Parcels and letters intended for the lepers go entirely free, and there is absolute freedom of intercourse between the lepers and their friends, so much so, that on several occasions a particular leper was able to get a petition to Her Majesty the Queen forwarded through a private source.

99. Would you suggest the appointment of a Board for the purpose of receiving complaints and investigating them, somewhat in the nature of the Board of Lunacy Inspectors?—No. I may mention that I have on my table at the present moment a complaint addressed to the Queen by a leper on Robben Island in regard to the operation of the Leper Act. The lepers watch the proceedings of Parliament and the Government most narrowly, and they complained to Her Majesty the Queen that the Government had unduly postponed the appointment of the Commission before which I am now giving evidence.

100. *Chairman.*] With reference to the whole question of segregation and its restrictions, you are aware that there is a great difference of opinion still as to the communicability of the disease, and as to various conditions which influence its spread. I presume that all the opinions on the question of segregation would be largely modified by what practical experience can show as to the necessity for it?—I am aware that there is a great conflict of opinion among scientific men on the matter. For my own part, I take a layman's view of the case. I see leprosy spreading in this country, and I ask what is the cause of that spreading. I know there is enormous mortality among the unfortunate victims of this disease, and I know that mortality will never stamp out the disease. There must therefore be some agency to account for the spread in spite of this enormous mortality. I say to myself that it is a loathsome disease, and it is loathed by the people themselves, and the only way to stamp it out is by segregation and isolation. I would strongly advise the continuance of this method because of the comparatively small number of lepers in this country. At present the disease is governable, but it might become ungovernable if we do not continue drastic and repressive measures.

101. *Dr. Greathead.*] You say that leprosy is greatly increasing; do not you think that the extra trouble that has been taken lately to find out cases may account for the increase in a large measure?—When I say it is increasing, I merely repeat the preamble of the Leprosy Repression Act; I need not go further than that. Parliament is responsible for having said that leprosy is increasing.

102. *Dr. Herman.*] If you started say four years ago with so many cases, you ought to have a smaller number of cases if other cases were not occurring. What number of cases existed when you first took the matter in hand, and what exists to-day, or what should exist to-day. You have say 500 or 600 cases, what is the percentage of mortality in regard to those?—Last year the percentage was over 20 per cent.

103. Has that been so each year?—No, the previous year it was 17 per cent. I speak from memory.

104. What provision is being made for the hospital accommodation of lepers?—I should prefer Dr. Impey giving evidence on that point. One pavilion was specially set apart in the male asylum for hospital accommodation.

105. I understand that you only contemplate providing accommodation at Robben Island and in the Transkei?—Yes.

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106. Do you contemplate shutting up the establishment in the Old Somerset Hospital?—The Old Somerset Hospital will always have to remain as a half-way house. The boat goes over to the island three times a week and the arrival of lepers in Cape Town does not always fit in.

107. I gathered from your evidence that at present the Old Somerset Hospital is used as a leper establishment for cases under probation?—For cases passing through: they are examined by the medical officer there.

108. There was a Malay woman removed to the Old Somerset Hospital; how long was she kept there?—She was kept there some time pending negotiations with the Malays, who were anxious to establish an asylum on the mainland. They begged us to keep her there for a time till they could make provision by buying a house and establishing an asylum.

109. *Dr. Dodds.*] Was that a very exceptional case?—Quite exceptional.

110. *Dr. Herman.*] When a leper is once incarcerated in the leper institution, is he permitted to return to the mainland?—No.

111. Have not certain lepers been discharged?—Only those who were discovered to be non-leprous.

112. Have not certain lepers been discharged?—One doubtful case only. After it had been examined by several medical men, a certificate was granted stating that while the person was a leper, the fact of his being at large would not be likely to spread the disease. Doubts were also expressed by some of the medical men who examined the case as to whether it was leprosy or not. The papers relating to that case can also be supplied to the Commission if desired.

113. *Chairman.*] In all cases where a leper is sent from his home to Robben Island, he is only detained at the Old Somerset Hospital, is he not, as a sort of halfway house, not for the purpose of diagnosis?—He is examined by the medical officer in charge of the institution.

114. Is it his duty to raise the question as to whether the patient is a leper or not?—Cases have arisen where a leper has not gone beyond the Old Somerset Hospital, but has been released from there.

115. *Dr. Herman.*] Are lepers incarcerated in gaols up country at all?—No; there is a distinct prohibition, whether they are criminals or not. A removal takes place direct to Robben Island, where there are some criminal lepers.

116. *Dr. Fismer.*] Are the criminal lepers separated on the island from the others?—As far as possible. Some are punished on the island.

117. *Dr. Herman.*] I understand that the old Medical Board carried on a series of investigations with regard to the occurrence of leprosy in this country; are there any documents in the possession of the Colonial Office bearing on the subject?—I am not aware of any, but I will have a search made among the archives.

118. *Dr. Dodds.*] Has vaccination ever been mentioned as a cause of leprosy?—Dr. Impey in one of his reports mentions a case that came under his observation on Robben Island. That is the only one that I remember. I think it was in his report for 1892.

119. *Dr. Herman.*] In what respect do you think the present Act can be amended so as to give it more force and effect?—I have already mentioned that I think there ought to be a double medical certificate instead of one and further that householders should be compelled to disclose the existence of leprosy. I would also propose some provision for making regulations so as to punish refractory lepers. It is rather a hard thing perhaps for me to say, but want of such provision increases the difficulty of administration on Robben Island. At present we are absolutely without any such provision, except the ordinary law of the country.

120. *Dr. Dodds.*] Is not that sufficient?—No.

121. *Dr. Herman.*] What is there that could not be dealt with by the

ordinary law ?—It is held by the magistrate on the island that as these men are under the Governor's warrant, the asylum is a privileged place, and the Police Offences Act does not apply to it. If for instance, lepers are brought up for polluting the water, throwing filth about, or committing any other nuisance, they cannot be punished. The result is the place cannot be kept clean, and the sanitary arrangements are interfered with. It may seem a small matter but it has been represented by Dr. Impey as of great importance.

122. Do you think that two medical certificates would be sufficient safeguard, or would you have anybody to supervise the certificates or examine a leper again before finally sending him to Robben Island ?—If there were two certificates before the case could be dealt with at all, and then the certificate of the surgeon of the Old Somerset Hospital, making three, and then two certificates of medical men on the island (I should like to see three medical men there), that would make five opinions, which ought to be sufficient.

123. *Dr. Dodds.*] Would you have also a right of appeal if the patients are not satisfied ?—I take it that any leper on the island can appeal to the Assistant Resident Magistrate, to the Visiting Inspectors, or to the Colonial Office.

124. *Dr. Herman.*] Is there any machinery for that ?—The Colonial Secretary is the Minister entrusted with the administration of the Act, and an appeal lies to him or to the Governor.

125. *Dr. Dodds.*] Do the lepers quite understand that they can appeal whenever they like to the Colonial Office ?—Yes, and they do write to me on the most trivial matters.

126. *Dr. Herman.*] You are aware that the Medical Congress recommended a Board of Experts to try all cases of leprosy and report upon them before sending the patients over to Robben Island. Would not that perhaps be the best plan to adopt ?—If you could get a Board of real experts appointed in Cape Town, that might be worthy of consideration, but it seems to me that there are very few medical leprosy experts in the Colony.

127. *Dr. Dodds.*] Practically the two men most conversant with leprosy do examine the patients at present, do they not, Dr. Impey and Dr. Cox ?—Yes; but I would not have a Board to examine the papers; that could de done by laymen. I would have a Board to examine the patients.

128. *Dr. Herman.*] What difference do you make between examining the papers and the patients ?—It seems to me that the certificate is very simple under the Act. The patient is either a leper or a non-leper. If he is a leper he is either likely or not likely to spread the disease, and if not likely then he is not removed.

129. Is the certificate a good one in your opinion ?—I distinctly think so.

130. Do not you think it would be better to adopt some such certificate as is required under the Lunacy Act. It is not sufficient for a medical man, or two medical men, to say that a man is a lunatic; he must give his reasons why and the symptoms upon which he has drawn his conclusions, and even then the papers must be placed before a Board of Commissioners to report upon them. It is very much easier surely in certain cases to say that a man is a lunatic than to say a man is a leper, is it not ?—I am not competent to give an opinion. I hold that a medical man is responsible for his certificate that a person is a leper. There is a great deal of difference (speaking as a layman) between lunacy and leprosy, and there is far more likelihood of doubt with regard to lunacy than there ought to be with regard to leprosy.

131. As a matter of fact, you have a larger proportion of doubtful cases coming under the Leprosy Act than under the Lunacy Act, have you not ?—In those cases there is distinct carelessness on the part of the medical men. I know of one case where a patient was suffering from bed sores, and he was

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sent to Robben Island, and the patient died a few days after. In another case a man was suffering from lupus, which was taken for leprosy.

132. If the symptoms had been stated clearly in the certificate, would not all that have been prevented. At present the medical officer simply gives his conclusions, not the grounds for forming those conclusions; is not that so?—Yes.

133. *Dr. Greathead.*] You would simplify the present certificate and leave out the statement as to any danger to the public health?—Quite so. I would make it a plain statement as to being a case of leprosy or otherwise.

134. *Dr. Herman.*] Would you require the medical man to give his reasons why he considers it a case of leprosy?—I agree that it would be better if a statement could be drawn up for the medical man to sign explaining his reasons for his conclusion that the person was a leper; but there being such a conflict of opinion as to whether leprosy is contagious or hereditary or communicable in some other way, it would be better not to leave anything to the individual opinion of medical men as regards danger, but simply segregate all lepers.

135. *Dr. Dodds.*] You would have the case reported, and let the decision rest with some authority?—Yes.

136. *Dr. Greathead.*] Is there any law binding medical men in private practice to report cases of leprosy?—No: only Government officers, that is to say, district surgeons.

137. Would district surgeons having private practice be bound under the Act to reveal any cases?—I should think so clearly, according to the Act.

138. Would you like to see an Act which would compel every medical man to notify any such cases?—Of course there would be this difficulty, which has already been alluded to, that a leper would not put himself under medical treatment if he knew that the doctor was compelled to report the case to the Government. There might be more concealment. A medical man is not bound to report cases of lunacy.

139. You are aware that district surgeons all over the Colony are engaged in private pratice; would it not be manifestly unfair to expect them to be reporters of leprosy cases, while other medical practitioners might conceal them?—Certainly there is great force in that argument.

Dr. Alfred John Gregory examined.

Dr. *Alfred John Gregory.*

140. *Chairman.*] I believe you are Medical Inspector for the Local Government and Health branch?—Yes.

141. Have you had any personal opportunity of noting the prevalence of leprosy in the Colony?—Only from returns that have been made from time to time.

142. In the office of the department of Public Health have you any reports dealing with the spread of leprosy in the Colony, more especially as regards its increase latterly compared with former years?—There are only the census returns and the returns made by the district surgeons, in the Annual Health Reports. There are also occasional returns that have been asked for from time to time for Parliament. A circular is annually sent round to the district surgeons. All these returns are much fuller for later years, and therefore, it is difficult to compare them with the past.

143. Is there any evidence in these returns to show that the disease is now on the increase?—I am unable to say for this last year because the returns are only just coming in; but during 1892, comparing that with the census, I came to the conclusion that the disease had increased, after making every allowance for there having been since the promulgation of the Act increased vigilance in the seeking out of cases.

144. Do any of those reports deal with the causation of leprosy?—No.

145. Do they deal with its communicability by contagion or inoculation?—No. They do not mention that, in fact we should not get answers if

we made the enquiry. The returns are really taken from the Resident Magistrates' registers. Each Resident Magistrate keeps a register in his district of the lepers in it, as they are reported to him.

146. Do these reports deal with established facts, or are they merely suggestive. I am speaking of any medical reports coming from district surgeons or from Robben Island?—None of these reports deal with the matter in that way, except those coming from Robben Island. Dr. Eyre in 1890 made a somewhat careful report, and the medical Superintendents have from time to time gone into it thoroughly. Four or five family trees were carefully worked out by Dr. Eyre.

147. Have you any special reports from the district surgeons on leprosy?—No.

148. Do you recollect whether any of the reports touch upon the spontaneous origin of leprosy?—No, they do not.

149. In the reports from Robben Island is the question of the fish diet theory dealt with at all so far as you recollect?—The only doctor who has touched upon that is Dr. Eyre. He mentions that leprosy is not due to diet.

150. Do the reports deal with the question of tracing the places from whence the patients have come, occupation, soil, climate and vaccination?—The occupations of the lepers is dealt with, not vaccination. I believe that Dr. Todd has got out a list of the districts from whence the lepers in the Island came, and he told me a short time ago that he was preparing a diagramatic map.

151. Is there any report showing that leprosy is affected by locality, that it shows for instance a natural tendency to die out in one locality and advance in others?—There is no report to that effect, and it would be difficult to work out reliable results because there is a large number of districts, and very few lepers coming from each district. I do not think therefore that any returns would give reliable information on that point.

152. *Dr. Herman.*] I see in one report it is stated that in 1886 the disease had increased in the Alexandria, Bedford, Clanwilliam, Malmesbury, Paarl, and Stockenstrom Districts, and in regard to the Paarl it states, "it is deplorable to see what strides it is making"?—That is probably based on the special returns that were made by medical men in connection with a Parliamentary enquiry into the question of leprosy.

153. What special difficulty would there be in mapping the areas from which the cases come?—There would be no difficulty at all.

154. Is there a regular series of district surgeons' reports dealing with leprosy?—They mention it incidentally in their Annual Health Reports.

155. When do they begin?—I do not think they go back for many years. Formerly it was more casually mentioned, but last year they were asked for information on a more definite basis, and this year again

156. Can we get all those reports?—Yes. In the Annual Health Report for 1892 laid before Parliament last year it is all worked out.

157. Is there not a certain amount of information existing as to certain areas being more or less affected?—It is all tabulated.

158. Do the fresh cases that are occurring still come from those different foci, or are they spread over the whole country?—The western districts have been worked more thoroughly than the eastern and north eastern native districts. For instance, the Herschel and Glen Grey districts show more lepers now than the western districts, because they have accumulated there. Last year there was a large number of lepers in the Herschel district.

159. Could we not find out from each individual the period when he became a leper?—Within a certain degree of exactness, perhaps.

160. Do you find that the removal of cases of leprosy has had any effect upon other cases occuring?—That I am not prepared to say. The Act was only put in force in 1892. Until we get the returns for last year it is impossible to draw any deductions.

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161. Is there any information as to the beginning of leprosy in this country, and its occurence in particular areas?—I do not think there is any evidence actually on record. There is a general idea that it was imported with the slaves.

162. But foci must have occurred more recently, within the memory of living man; have we any information with regard to those?—I know of none.

163. Have fresh foci occurred since the Act has been in force?—Only those cases that were discovered in Bechuanaland, but most of those had emigrated from our Colony and the Free State.

164. Did not the outbreak in Bechuanaland arise simply through the lepers driven out of the Free State?—Driven out by the repressive legislation carried out there.

165. Does Dr. Livingstone record any cases of leprosy among the Bechuanas when he went to their country?—I do not know.

166. Have any lepers been inoculated with the disease on Robben Island?—I do not think there is any record of any one having acquired leprosy on Robben Island. There was one doubtful case, but I have not got the facts of it.

167. *Dr. Dodds.*] You have no personal knowledge of it?—No.

168. *Chairman.*] Have you any knowledge as to the question of heredity affecting leprosy on the island. Are the children born of leprous parents healthy?—Yes.

169. How old are those children now?—I am not prepared to answer that. I only speak from hearsay.

170. *Dr. Herman.*] I believe you are preparing for this Commission a series of diagrams and returns?—I drew up some cards, and they were sent over to Dr. Impey to fill up. Those cards will supply every information, and you will be able to combine them in any form you like by simply sorting them. I should explain that all papers, certificates, and other records accompany the warrant of a leper and are filed together in the office on Robben Island, where all other matters relating to the island lepers are recorded.

171. Is there any other statistical information that you could prepare for us?—There is all the information that is in the Colonial Office.

172. It is undigested, is it not?—All that has passed through my hands has been digested and sifted.

173. Could we find out, for example, what number of cases occur among particular classes of the community?—You would discover that better on Robben Island.

174. Could we not have that worked out statistically before we went to the island?—Yes.

175. Do you find that leprosy occurs among whites and blacks alike, or is one class more affected than another?—The blacks are much more affected.

176. What class of blacks?—That is difficult to say, because, excepting the Census returns, they are always returned as "coloured." The introduction to the Census returns gives certain figures on this point.

177. You have made no attempt to classify them racially?—Only into European and coloured. They may have done that more fully on Robben Island; the magistrate's statement accompanying the warrant states the race. During the year 1892 there were on the district registers only 47 Europeans to 560 coloured—giving for the Colony Proper rates on the population of 1·28 per 10,000 for Europeans, and 8·32 for coloured.

178. I understand that the death rate among lepers is very large: can you tell us anything about that?—During the time that the lepers were on the registers in the different districts, the death rate was 6·1 per cent., but what the average time (which it is necessary to know) during which they are on the register it is difficult to ascertain. The average time that their names appear on the register might only be a month or three months, or any short

period, so that it is thus impossible to reduce this to an *annual* rate of mortality. Dr. Impey worked out the death rate at 16 per cent., but it was 20 per cent. last year.

179. Has that been checked?—Yes. The 16 per cent. was taken in the results obtained over the whole period during which lepers have been confined on Robben Island.

180. *Chairman.*] Have you any record dealing with the transmission of leprosy to animals?—No. There is a statement that Dr. Impey has found mice on Robben Island affected.

181. Is there any report in your office dealing with the disease from a pathological standpoint or from a bacteriological standpoint?—No. All those records were practically nil on Robben Island, and have been so all along, or perhaps until very recently indeed.

182. Have any researches been conducted in the Colony itself in that direction?—None that I am aware of.

183. *Dr. Dodds.*] Has anything come to your knowledge as regards the contagiousness—using the word in a very broad sense—of leprosy?—Only from what I have read.

184. Have you been able to arrive at any conclusion on the matter with regard to this Colony from facts placed before you?—Not many facts have come before me with regard to this Colony.

185. Or the hereditary nature of the disease, specially relating to this Colony, have you arrived at any conclusion with regard to that?—With regard to that, the conclusion I have come to is that the family trees or histories that have been made are not to be trusted in so far as making any general deduction regarding heredity from them goes. In my opinion, the very fact that the contagiousness of leprosy is comparatively slight makes the fictitious explanation of heredity more easy to arrive at, and for this reason, that contagion becomes easy or difficult, as it is governed by two things, one of which is the difficulty or ease of transporting or transferring the virus from an infected person to a healthy person, and the other is the power that the organization of ordinary persons may have of resisting the virus when it is introduced into the system. Taking thus the case of a family, a large number of the members of the family would be living under exactly the same conditions, or at any rate under very similar conditions one to the other, and if those conditions were such as to make the transportation of the virus from a diseased member to a healthy member favourable, then the several members would be liable for this reason to acquire the disease. And secondly, if there were a constitutional proclivity among the members of such a family such as we know exists in the case of pthisis, they would naturally then not be able to resist the virus when it was introduced. The history of such a family would seem at first sight to furnish proof of heredity; but falsely so.

186. Have you arrived at any conclusion as to the contagiousness or hereditary nature of the disease, from general observations?—My conclusions are that it is not hereditary in the large sense in which it is generally stated to be. That it may be directly hereditary the same as syphilis is possible, but I should say very rarely. That families may inherit a proclivity or constitutional weakness, rendering them favourable subjects for the disease, I think highly probable. We see that in other diseases, and I do not see why it should not be so in leprosy. Thus, for instance I myself have had measles three times, and the last time I had it, it was most virulently, and was 25 years old. My brother also has had measles twice; and in several cases I have seen families where measles have occured two or three times in different members. In the case also of vaccination, it is well known that in some families several children will be found insusceptible to the operation.

187. *Dr. Herman.*] Are you using susceptibility and heredity synonymously?—No. I say that the heredity theory is possible, but it must occur very rarely.

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188. *Dr. Dodds.*] You believe then in an hereditary predisposition?—Yes.

189. But not marked?—Yes; I should think it is fairly marked.

190. *Dr. Herman.*] Have you any figures to bear that out, with regard to the incidence of the disease in that way upon certain individuals?—In the Indian Commission's report all those things are very carefully worked out. I think the broadest fact is that coloured persons are much more liable to leprosy than Europeans.

191. Is that taken from your figures?—Yes. It may be due, however, to their habits of life and want of cleanliness, and white people of course would conceal leprosy much more readily than coloured people.

192. In the course of your official duties in connection with the working of the Act, is it necessary for you to inspect the Old Somerset and the New Somerset Hospitals?—I have been over the Old Somerset Hospital, but not in connection with the working of the Act. I know they have separate rooms for lepers.

193. Were you required to report upon that?—No.

194. Have you any knowledge as to the means adopted there for isolation in cases of leprosy?—The lepers I saw there had separate rooms, they had a separate little compound, where no other patients went.

195. Are you of opinion that that is a sufficiently satisfactory arrangement for isolating lepers on the mainland?—I think there ought to be a regular probationary institution where the lepers could be kept for a certain period.

196. *Dr. Dodds.*] Where all cases could be kept?—Yes, and they would be more convenient for observation than on Robben Island.

197. *Dr. Herman.*] With regard to Robben Island, are you in possession of any special information as to the sanitary condition, in its broadest sense, of the hospital accommodation?—Speaking broadly, I do not think that Robben Island is a suitable place for segregation, but the cost would be prohibitive to shift the lepers to the mainland. First of all, it is almost entirely without trees, and the majority of the lepers come from up country, where they are used to plenty of green and verdure; secondly, the reflection of the white sand seems painful to the eyes of the patients; thirdly, from what I have heard, the moist climate is not suitable for them, they complain of cold and rheumatism; fourthly, the island is rather inaccessible for administrative supervision. Of course the medical officers on the island can form a better opinion as to its suitability for segregation than I can by only going there occasionally.

198. From a sanitary point of view do you consider the site a typical one?—The water supply is bad there, and it is insufficient, in fact we have had to make large underground tanks to all the pavilions.

199. *Chairman.*] Upon what are they dependent for their water supply?—On the rainfall. There are wells there, but they are grossly polluted. The soil is all sand, and the water percolates through a large area of pollution. Then again, there is an old graveyard about the well, and various other sources of pollution.

200. Is there any apparatus for condensing the water there?—That was thought of, but it would be too much expense bringing over the coal. The collection of rainwater from the roofs will be amply sufficient for all domestic purposes for the lepers. The roof area of the pavilions is very large, and with an ordinary rainfall I think there would be an ample water supply.

201. *Dr. Herman.*] The present water supply is satisfactory you think?—It will be when the tanks are completed.

202. When will that be?—That is difficult to say, it really depends upon the amount of labour that can be put on.

203. Is the present water supply unsatisfactory?—We take drinking water over from the mainland in the dry weather to supplement the supply.

204. Is there enough for bath purposes and flushing the drains?—There are no drains practically; they are being put in now.

205. What is the present method of sanitation adopted?—They use tubs, which are emptied every day. There are also drains which lead into catch pits placed at a short distance from the pavilions.

206. What are the catch pits for?—For the bath and slop water, and they used to be before the kitchens, but now the kitchen water is put into tanks and taken away. There is a drainage scheme being worked out, which will do away with all the catch pits, and take the water straight to the sea.

207. Is there any nuisance from any of these different catch pits and drains?—Undoubtedly there is. The place has not been properly drained up to the present.

208. I suppose you have reported on all this?—Yes.

209. Can we get a copy of your report?—Yes.

210. As to the accommodation in the hospital itself, is there any table to show the amount of accommodation allotted to each leper in the particular wards?—We are now taking a census of Robben Island of the lunatics, the lepers, and the attendants, every human being in fact on the island, shewing the age, living space, &c.

211 What is the air space allotted to every leper?—I do not know what they have worked it out at.

212. Is there any particular rule with regard to that on the island, or are cases admitted according to demand?—Cases are admitted according to the demand, and of course the space at disposal, but I believe they have never lacked space. According to Dr. Impey's report made early in January, 72 beds were vacant.

213. Is there any means adopted to test the method of ventilation in cold and warm weather?—I do not know of any, but I should say that the male wards and most of the female wards were well ventilated.

214. Are the female wards well ventilated, in your opinion?—Some of the earlier ones I do not think are ventilated as well as they might be.

215. Would there be any difficulty in making an analysis of the air on a cold morning in the female wards?—No.

216. Are there simply ordinary sash windows?—Yes. I know of no complicated arrangement for ventilation.

217. Can we have worked out for our information the exact amount of cubic space in each ward, the exact amount of floor space, and the exact amount of ventilation?— Yes. The census ought to show that. The idea was to get a census for other purposes, and then I suggested that the living space for each individual should also be added.

218. Has the rate of mortality among different classes and in different wards on the island been worked out accurately?—No; I think not.

219. Could that be worked out for us?—I doubt it.

220. What is the mortality due to on Robben Island?—That I am not prepared to say off hand, but I believe it is mostly due to chest complaints.

221. Would you as a practical authority recommend that the leper patients should have a greater or less amount of air space than the ordinary hospital patients?— I would recommend that it should be greater, owing to the offensiveness of the wounds of many of them.

222. Simply on that ground?—The more oxygen they have, the sweeter their surroundings would be.

223. In your experience do very many of the patients suffer from infectious fever of a septic nature such as erysipelas?—I could not say from my own knowledge.

224. Has there been anything like an outbreak of erysipelas among the patients?—I think not.

225. Have many died from erysipelas?—I am not prepared to say.

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226. You are aware that erysipelas is a frequent lethal exit for lepers ?—Yes.

227. You do not know the incidence of those cases ?—No.

228. I take it broadly that in the absence of ventilation and sufficient accommodation this would be likely to increase ?—Most undoubtedly.

229. Would that apply equally to bronchial affections ?—It would depend on the nature of the bronchial affections.

230. If a person is confined in a hut or a stuffy ward, with a small window allowing only a comparatively small stream of air to come in, would not each person be more likely to catch cold, in other words, if the ventilation is insufficient does not that mean draught ?—Not necessarily. You may have very efficient ventilation which is caused by excessive draught.

231. From your practical experience, is it advisable to accommodate lepers together in large general wards or would you break them up into small groups ? Would you place them under canvas or under wood or stone ? Can you give the Commission any information as to the housing of lepers ?—I should not place them under canvas. A properly constructed wooden ward, double lined, seems to offer favourable conditions for housing lepers.

232. Would you place a large number together in one ward ?—I should have no objection to placing a large number together, as they can be better supervised then, but I should classify them to a certain extent.

233. What method of classification would you adopt ?—I should keep all those together in separate quarters who had any breach of surface.

234. Practically do you think the arrangements at Robben Island should be continued ?—I am not prepared to say that, but I think the patients might be classified a little more. I do not think it is advisable to place them in small wards, considering the class of patients you would have very little control over them, and every little ward would become a sink of filth.

235. *Chairman.*] Have you any reports dealing with the curability of the disease ?—The district surgeons have returned some as being cured, but it is a question whether they ever had leprosy.

236. Was the cure the result of medical treatment or a natural arrest of the disease ?—There are no definite reports. The only figures I went on were from the Annual Health Reports. There were returned in the Colony proper, excluding the Transkei, 607 lepers during 1892. During that year 264 were sent to Robben Island, 37 died, giving a mortality of about 6·1 per cent., and four recovered, or had not been lepers. That is the way they were returned, 32 dissappeared, and 270 remained to be dealt with. That was on the 31st of December 1892. Of course the real value of that report will only become manifest when we get this year's report as a comparison. Previously we did not have very elaborate statistics. The present statistics are as near as we can obtain them with the means at disposal.

237. Will any report in your possession show us the proportion how the disease affects men and women ?—Yes. It appears that out of the 607, 362 were males and 245 females ; 47 were Europeans, and 560 coloured.

238. Have we any evidence as to earlier cases, showing the earliest time when leprosy became capable of diagnosis ?—There may be some on Robben Island. Dr Eyre gives the ages of the lepers, so far as he was able to ascertain them, and I believe his figures are thoroughly reliable. I believe he tested them on three or four separate occasions before he inserted them in his report.

239. *Dr. Dodds.*] Are you in favour of continuing the policy of segregation ?—Most decidedly.

240. Can you suggest any modifications that you think are desirable in the existing Act ?—The existing Act is really a very weak one. First of all it provides no means of discovery, except in so far as the 5th section says that medical officers and district surgeons are bound to give information, when required, to the local authority or to the

Resident Magistrate, but the words "medical officer" are indefinite. Really, a householder, or any person in charge of a leper, or any medical man, district surgeon or other, in attendance on a leper, or any police constable or field-cornet, ought to be bound to notify any case of leprosy coming within his knowledge, and he ought to be bound to do so under a penalty. The Leprosy Repression Act provides no penalty under any circumstances. Then again, the certification of lepers is bad. Only one certificate is required by a medical officer, which seems insufficient; and one by the field-cornet, in which he has to say it is leprosy, and that if the patient is at large he is likely to spread the disease. Such a lay officer may be perfectly incapable of giving an opinion in this. There should be at least two leprosy certificates by two medical men. Then again, there is no power of detention pending the issue of the Governor's warrant. At present the whole thing has to be rushed through the moment you detect a leper, otherwise he may escape before the papers are ready. There ought to be some power given to the resident magistrate to detain a suspected leper, pending proceedings being taken to ascertain whether he is really leprous, and if so, the issue of a warrant for his segregation. At present there is considerable difficulty. For instance, in taking over Free State lepers they are virtually brought over the borders to Robben Island on the authority of the Free State warrant to which if they liked they could object. The Governor cannot issue his warrant until we have examined them and we have the necessary certificates here. If we had the power of detaining a leper, everything would be easy. In some districts lepers have absconded. Last year there were thirty-two out of 607 who disappeared or absconded.

241. *Dr. Greathead.*] With reference to the form to be filled in by the medical man, are you satisfied with it. Would you leave it to him to say whether a case was dangerous to the public health or not?—He simply ought to notify the fact of leprosy, and then the Governor ought to have what power he likes in the matter.

242. *Chairman.*] Would you make a provision in the Act, or would you leave it to the Governor to exercise his discretion?—I would leave it to the Governor's discretion, simply requiring each medical man to certify that it was a case of leprosy and requesting him to give his reasons.

243. *Dr. Dolds.*] Would not the question as to whether it was dangerous to the public health or not be one of the points for the medical man to certify?—I do not think the issue of a warrant should depend on the bare opinion of the medical man as to whether the patient is dangerous to the public health or not. I think further that the Governor ought to have power to make regulations as to the conduct, duties, and employment of lepers detained under the provisions of the Leprosy Act, otherwise there is no power to keep good order among those who are segregated. There are many offences of which they may be guilty, and for which they cannot now be punished, as for instance the depositing of night soil in improper places.

244. If the ordinary Police Offences Act were applied, would the difficulty you refer to cease?—Even then it would not cease, because you cannot set them any employment.

245. Would you propose to have any special penal law dealing with lepers?—I would give solitary confinement for short periods. It is no good fining the lepers as many of them have no money. You can stop their indulgencies, but the indulgencies are very small. It would be much better to impose solitary confinement in certain cases.

246. Can you do that under the common law?—You could do it if a leper transgressed the common law. Supposing a leper creates a disturbance or is obstreporous you have no power to punish him, as he is within a private dwelling. If he did it in the streets of Cape Town you could punish him under the Police Offences Act. Supposing a leper could get the alcohol, you

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could not punish him for becoming intoxicated in the ward, because it is not a public place.

247. *Chairman.*] Therefore you would propose to confer greater power to deal with such offences?—Yes. Many of the patients would be much happier also if you could set them light tasks.

248. *Dr. Herman.*] Are what you have mentioned real difficulties that occur?—I believe they are. I know the sanitary arrangements are very defective because of the want of some power to enforce cleanliness in the matter of use of water closets, and so on.

249. Practically do you not find that lunatics are more difficult to deal with than lepers?—In a sense they are.

250. Would you apply the same law to lunatics as to lepers?—No; because lunatics are not responsible. The result is, that you have to have a large number of attendants to restrain the lunatics.

251. Do not you think that would be advisable in the case of lepers?—No. I do not think that they require restraining.

252. As a matter of fact, the treatment of lunatics is supposed to be the non-restraint system, is it not. Practically the warders are simply there to take care of the lunatics by force of example and to instil their example into the action of the lunatics. Do not you think that some such method would be more advisable in the case of lepers than attempting to enforce stringent regulations by a somewhat hard and vigorous law?—A lunatic has not his reason, and if you can influence him, well and good. If you cannot influence him, you may use a certain amount of force. You can put your arms round a lunatic's waist and lead him or her away, but you cannot do that with a leper. A leper is a thinking being, and he knows very well that you cannot reach him or punish him, if he likes to make himself obnoxious he can do so.

253. In effect you think that additional warders or attendants by their example would not bring about the same condition of affairs that you get in regard to lunatics?—I do not think so. They ought to know that they can be punished which is not the case at present.

254. *Dr. Dodds.*] The operation of any punishment clauses would have to be very closely watched, would it not, and returns made to the Colonial Office?—No punishment should be inflicted except by the resident magistrate, and the offender should be tried in the ordinary way. It should not rest with the Superintendent of the Asylum.

255. Are there any other modifications of the Act that you would suggest?—I do not think of anything else, for the moment.

256. *Dr. Herman.*] With regard to your recommendation as to the punishment of lepers, do you think it would be sufficient safeguard for them if the resident magistrate on Robben Island were to try the cases?—Certainly. A leper should have exactly the same rights and advantages as if he were a free man; he should be able to appeal.

257. You mean to say that you would put the magistrate on Robben Island on the same footing as the magistrate in Cape Town, so far as the lepers are concerned?--Yes.

258. You think the lepers would be sufficiently safeguarded?—I think so. There would be a right of appeal, and the magistrate's judgment with the evidence would then be sent on for inspection either by the Law Department or the Colonial Secretary's Department.

259. Practically, you see no difficulty in having a clause in the Act to that effect?—No; because the resident magistrate has nothing to do with the leper, personally.

260. Do you know any other institution where such a law exists?—No.

261. Do you think it is essentially necessary for carrying out the administration of Robben Island that such a clause should be introduced?—Yes. There have been occasions when Mr. de Smidt has been sent for in a hurry to go over when the lepers have given some trouble.

262. You would not allow the resident magistrate to punish a leper for anything that he thought necessary ?—The specific offences would have to be defined by regulation .

263. *Dr. Greathead.*] They would be tried really by common law, would they not ?—Yes.

264. The only thing is you would make them subject to common law, although residing in a private place ?—Yes, within the limits laid down by regulation.

265. Do you think that would cure the whole difficulty ?—Yes.

266. *Dr. Herman.*] You would require some such regulations as are in force for convict establishments would you not ?—Yes. I may say that I raised the question in regard to the depositing of night soil by lepers near the buildings. The Police Offences Act provides a penalty in the event of a person committing such nuisance in sight of a dwelling house; but I was over ruled, as they said it was not a public place.

267. Are the lepers so degraded and removed from all proper feeling that they would commit such offences with impunity as depositing fæcal matter in watercourses and so on ?—They tell me so. The yard in front of the female leper wards is in a disgraceful condition; because the lepers will wash clothes all over it and throw the dirty soapsuds about.

268. Do they do that because there is no laundry ?—No. There is a laundry, and there has been for some time, but they will not use it. Now an open washing place has been put up, with simply a cement floor, for them to wash in.

269. That did not exist before, did it ?—No; but there was a laundry.

270. *Chairman.*] You are aware that there is a divergence of opinion as to the communicability of leprosy ?—Yes.

271. That being so, upon what grounds are you so strongly in favour of segregation ?—I reason partly from analogy with other diseases, and partly from the evidence which there is in regard to leprosy itself. There seems to be too much weight placed by many persons upon negative evidence. The facts that they have not always been able to produce leprosy by inoculation does not necessarily prove that it is not contagious; the fact again that the disease spreads, and must spread fairly rapidly to supply the constant deficiencies made by the enormous death rate, and the fact that the Indian Leprosy Commission conclusively proved that it was due to none of the common causes that may be said to operate in regard to other diseases; that they in fact excluded everything, and left nothing else but contagion or heredity that could produce the disease, thus landing themselves so far as their line of argument is concerned in a *reductio ad absurdum.* Then again there are cases on record which fairly prove that leprosy can be inoculated. There was the case of a convict on one of the Sandwich Islands who was inoculated.

272. *Dr. Herman.*] Is that case conclusive ?—I think myself it is fairly conclusive. If you are going to believe in heredity as being a possible factor, then that would make it doubtful.

273. As a matter of fact, was not this man living under circumstances that might produce leprosy independently of inoculation altogether ?—I do not think he was.

274. He was living on the island ?—Yes. What ought to be done is to carry out inoculations on lepers and to ascertain whether it is possible to inoculate the disease at fresh seats in their bodies.

275. Is there any reason to believe that animals convey leprosy as a sort of intermediary ?—I do not see myself any sound reason for the theory. The fish diet theory I consider is perfectly exploded.

276. *Dr. Dodds.*] May it not be a pre-disposing cause ?—I think myself that the evidence is rather against it than for it.

277. Have we any evidence to disprove the fish theory ?—We have the

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evidence of a large number of natives up country who have never tasted fish. Dr. Eyre refers to that in his report. The fact that leprosy occurs on the sea coast is simply accounted for by the fact that the majority of the large towns are on the coast, and lepers naturally gravitate into the large towns where they are hidden better and can pick up a living by begging. Besides which the large towns by encouraging dirt and over crowding offer better facilities for the transmission of the disease.

278. *Dr. Herman.*] Have we any knowledge as to the amount of leprosy in Arabia, the Malay States, or along the Indian littoral generally ?—I cannot say.

279. A considerable number of Malays ge to Mecca every year ; have any of those returned as lepers ?—I am not aware of any.

280. *Dr. Dodds.*] Is not leprosy rare among the Malays ?—I am not aware that it is. A number were brought from the Cape district, and they are on Robben Island at present. They are so numerous as to require a separate kitchen.

281. *Dr Herman.*] Have you any information with regard to leprosy among pigeons, rats, and rabbits on the island ?—I am only aware of the case of mice which I have before mentioned.

282. *Chairman.*] Have you any returns extending over a lengthened period showing the death rate in this Colony from leprosy ?—Only the Robben Island returns.

283. What period do they embrace ?—They can be got from the time that the island was first used for a leper asylum, but it is doubtful whether they are very complete.

284. What was the death rate last year ?—It has not been officially furnished yet. But I believe about 20 per cent.

285. What was it during the year before ?—About 17 per cent. I think and over the whole period from 1871 about 16 per cent.

286. *Dr. Dodds.*] Are there any other points you would like to bring before the Commission ?—I should like to mention one thing in regard to the Leprosy Repression Act, and that is that we ought to try and get reciprocal legislation in the different States in South Africa, and we ought to have the power to trace fugitive lepers. Then it is well known that there is great difficulty in diagnosing leprosy. I have known five medical men examine a case and every one report differently , I think therefore, it would be a good thing to have a probationary establishment in Cape Town, and attached to it a Board of medical men whose duty it should be to examine into the case of every leper admitted. By this means fewer mistakes would arise.

287. That would not apply to the Transkei would it ?—No.

Cape Town, Wednesday, February 7, 1894.

PRESENT :

Dr. Murray, Chairman,

Dr. Dodds,	Dr. Fismer,
,, Hoffman,	,, Herman,
,, Greathead,	,, Edington.

Mr. *G. M. Theal.*

Mr. G. M. Theal examined.

288. *Chairman.*] You are connected with the Native Affairs Department in Cape Town ?—I am.

289. I should like to elicit from you some information regarding leprosy in its historical aspects mainly, can you give the Commission any information

concerning the history of leprosy in this Colony, or in South Africa generally? —I found in the archives no traces of leprosy before about the middle of the last century. There were then some Europeans supposed to be affected with leprosy at Groot Drakenstein, near the Paarl; three persons, I think. A medical commission was appointed to examine them, and they sent in a report that they were affected with leprosy. I speak from memory when I say that the father had been affected some fifteen years, at least; his daughter was shewing signs of leprosy at the time, and another man, not of the same name, was also found to be affected with leprosy. Nothing was done to isolate these individuals, but some time afterwards, when it was ascertained that someone had proposed marriage to the girl, the Council of the Government here were rather indignant at the idea, and thought these people should be secluded, but no actual steps were taken, to the best of my belief, for their seclusion.

290. As regards that particular locality you are now speaking of, is there any record as to the introduction of the disease, as to whether it was introduced from the seaboard?—There is nothing whatever to guide me to any conclusion.

291. Speaking of this earlier period, are there any records to show the number of the population affected, broadly speaking, through the whole country?—No records that I have seen. There may be some, because there are some that I have not been able to examine.

292. As regards the people you speak of who were known to be affected, what class did they belong to, the coloured or white?—They belonged to the better portion of the white class.

293. There seem to have been some precautions taken; it had attracted the notice of the Government?—Yes.

294. Did they take any precautions to prevent its spread?—Not that I know of. Mr. Leibbrandt, the present keeper of the archives, would probably be able to lay his hands upon all the documents connected with the matter I am speaking of, without any difficulty. I have mentioned it in the second volume of my history, so that he would be able to trace the exact dates and get full particulars. It might be painful to certain individuals in the country now if the matter were known, so it was well not to mention names.

295. Is not that always a difficulty in making investigations into the origin and spread of leprosy, as far as your experience goes?—I have no experience whatever in regard to leprosy, but I do not think it advisable to mention the names, nor do I see what good could come from doing so. As far as I know, in that particular family there is no leprosy at present.

296. With regard to the Kafir races, are there any records of leprosy among them at this early period?—No, but I have made enquiries among the Kafirs, because when I was living at Lovedale close by there was a village, where there were many lepers. They came there because they expected to receive more aid than they would in their own kraals, and they congregated in this village close by the Lovedale Institution. There was only a hedge separating it from the institution. I made some enquiries, and ascertained that the disease was well known to exist among them: it was not a new thing at all; they knew that it had always been among them. I do not think in the older times the number of lepers in advanced stages could have borne the same relative proportion to the population that it does at present.

297. Do you think it has increased?—I do not think the relative proportion has increased, but in the olden times any person who became helpless from leprosy would have disappeared, been put out of the way; but that does not take place now.

298. Do you think that would account for the apparently greater proportion now?—That would account for the apparently greater proportion now.

299. Do you think there is a greater number of lepers at present?

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—There is a greater number than there was 50 years ago. For instance, I have made enquiries among other people who knew the Kafirs very well 50 years ago, and there is a pretty general opinion that the number is greater now, but that is accounted for in the way I have mentioned; Kafirs known to be lepers were simply put out of the way.

300. Is there any official record of the disease among the Kafirs at present?—Not that I know of, except what has taken place within the last few years. I think the first action taken towards the segregation of lepers was by Lord Charles Somerset. His attention was drawn to the fact that there was a great number of lepers in the Colony, and he at once came to the conclusion that they should be put in seclusion and provided with the means of subsistence. An asylum was formed called *Hemel en Aarde*, somewhere near Caledon, about the year 1817. I have given the particulars in my history. These people were provided with food and clothing; but nothing else.

301. Is there any copy of the regulations governing the administration of that asylum?—I do not think so. I do not remember having seen a copy of any regulation. The Moravian Mission might have a copy, if such a thing is in existence, because their missionaries went there to look after the place, keep order, and do what they could to make the people as comfortable as possible. From *Hemel en Aarde* the lepers were removed to Robben Island, but I cannot remember the date.

302. Is there any other leper institution that you know of?—There is one at Emjanyana, beyond the Kei, but it is not in full working order yet. There was a large and very beautiful tract of country assigned by the late chief of the Tembus to the Government for the purpose of forming a magistracy, and there was a magistracy there at one time, but it was removed afterwards, and the ground remained vacant. Some short time ago, the Government decided to form a leper asylum there, and the idea was to enclose the whole tract of land, which is of considerable extent (in fact you might call it a large farm), with a very strong fence which could not easily be broken down, put up a number of comfortable huts, and collect the lepers from the territories there. There was an idea at one time that it would be advisable to collect the coloured lepers from the frontier there also, but that is not likely to be carried out because the natives beyond the Kei look at the disease with something like horror. They would be satisfied, perhaps, to have the worst cases of leprosy among their own people segregated at Emjanyana, but they would not like to see people from this side of the Kei brought there, and we would have to deal very cautiously with them as in all other questions concerning the natives; you cannot force them.

303. Is there any sign at present that the natives show a desire for carrying out segregation among their own class?—In some places they are willing, especially in advanced cases of leprosy. Of course there are some individuals who are far advanced in leprosy, and who receive no support from their own friends, and they are anxious to go to the institution for the sake of getting food and clothing from the Government, but in cases where people are slightly affected they show very great objection to being removed.

304. Are there many cases at present in this establishment?—Not very many. I do not know the exact number. We have not had a report for some little time.

305. Could you furnish the Commission later on with any report?—Yes; I could telegraph to the Chief Magistrate of Tembuland and get the exact number of cases, but they are only being brought in now, as the institution is only just getting into working order. Dr Weir who is in charge of the institution could give you any information.

306. Then you think that to make that establishment available for all the coloured classes affected with leprosy might be attended with certain drawbacks?—Yes. There is also another objection. The opinion of the

officials in the territories is, that large as is the tract of ground, it would not be sufficiently large to accommodate the whole of the lepers if they were segregated there, that is to say, if they were given small plots of ground to cultivate so as to support themselves, raise food, and keep themselves occupied, and thus prevent them sitting down in idleness and pondering over their misery.

307. I gather from what you say that there must be a large number of lepers scattered about among the population not now under any observation? —Just at the present time the district surgeons are examining cases of leprosy and reporting, so that we may arrive at the number. No one knows the exact number in the territories now, not even the chief magistrates. The district surgeons are examining into and reporting upon the cases, so that we may know the number and also something about each case, whether it is advanced or only in its earlier stage.

308. *Dr. Hoffman.*] Does that apply to Tembuland proper, or to all the territories?—We hope to get lepers from the whole of the territories. I may say that there is a small asylum at Kokstad, close by the village, in which provision is made for the maintenance of a few lepers. I do not know the exact number, but that is altogether a temporary arrangement.

309. *Chairman.*] With reference to the question of segregation. I asked you just now whether the Kafir races themselves would be in favour of segregation; I would like to know whether from your own observation and knowledge of the disease you are in favour of it, broadly speaking, or should it be among the native races only?—I have not formed any opinion. I may say that I have known cases, and one in particular, where leprosy has been stayed of itself. I was at one time in charge of a very large number of natives, and among them was one woman whose fingers were gone. I wanted to have this woman sent to some place where she could be looked after, away from the other people but there was a general objection to her removal; they said that the woman had for five years been quite well. Her fingers were gone on both hands, and they told me that it was five years since the disease had stopped; nothing had occurred since that time.

310. How long was she under your observation altogether?—I should think about a year.

311. *Dr. Greathead.*] Were the toes also absent?—That I cannot say; the fingers, I remember, were perfectly gone.

312. I have seen a case of supposed leprosy in a native who had been burnt; his fingers were burnt off both hands, and he was sent down as a leper to Graham's Town, but it was undoubtedly a case of burn. You do not think it was that, do you?—What I allude to was a case of leprosy to the best of my knowledge; of course I speak as a layman in the matter.

313. Did you notice whether there was any loss of sensation?—No; I did not notice that. I know the woman was apparently perfectly well at the time, and went about among the others; the only thing was that the fingers on both her hands were gone. They said that she had been a leper, but that the leprosy had ceased fully five years before.

314. It is necessary to be particularly accurate in the diagnosis of these cases, is it not?—That can only be done by a medical man.

315. Was this case you mention seen by a medical man?—No. I might mention also another case. There is at the present time a petty chief named Masakala living in Griqualand East; he was a leper, but the leprosy has ceased to affect him, and he attributes this to the use of certain roots. As soon as this came to the knowledge of the Native Affairs Department, a request was sent to Masakala to supply the Government with some of these roots. Of course like every other native he wanted some remuneration; he could not look at the matter in the light of being a benefit to his race; but after some negotiation, he provided some of these roots, and they were sent over to Robben Island through the Colonial Office; the Native Affairs De-

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partment has nothing to do with Robben Island. A request was made from Robben Island a little time ago to get a further quantity, as there was not sufficient. I spoke of this matter to Dr. Soga, who is himself half a European and half a Kafir, his father was a Kafir and his mother a European, and he is very intelligent man, educated in Scotland, although his sympathies are with the Kafirs. He married a Scotchwoman, and is now stationed as a medical missionary at Elliottdale, in the Transkei. I knew him when a boy very well, and have continued my acquaintance and friendship with him. Some little time ago, he was in Cape Town, and I spoke to him about this case of Masakala, and he told me that for some considerable time he had been making investigations into leprosy; it was a special subject of enquiry with him. He is a qualified medical practitioner, educated in Edinburgh, consequently he is competent to give an opinion, and he told me that he was certain there were several kinds of leprosy, and that at least one kind was curable. He said that the root referred to was known to the natives, and that he had been trying to get it from them, but it is a very difficult matter even for a man who is half a Kafir himself, as Dr. Soga is; in fact, in many instances, knowledge of that kind is hereditary and is kept in certain families. A father tells his son, and it is kept within the family as a legacy. I am quite certain, from what I have seen myself of cures among the natives in other cases, that they have valuable remedies for different diseases. Knowing this, I expressed a doubt as to the genuineness of these roots sent to Robben Island, as to whether they were the real roots used by the native practitioners in the territories. The mere fact that this man Masakala gave these roots away in expectation of receiving a trifling sum is almost sufficient to convince me that they are not the real remedy. I may be at fault, but that is the conclusion I have come to. I may say that I myself derived my knowledge of Kafir medicines in a peculiar way. I was acting magistrate, and one day a woman came to me in a state of frenzy and told me that she was tabooed by the whole people, even by her own children. The reason was, that a child had died in the village, and they accused her of being the cause through witchery. I at once had the whole of the kraal brought up before me in a summary manner; you do these things in a different way from that in which you would deal with Europeans. I asked the witch-finder if it was true that this woman had caused the death of the child and he said it was, that he could prove it. He then produced a large number of little bags which had been found in the woman's hut. The woman upon this told me that her husband was a herbalist; that he did not practise witchcraft, but cured people of sickness, and these were his remedies, but he was away up country, I do not now remember where. I consequently adjourned the case, and sent for all the native herbalists within 50 miles. I had them all placed in a room by themselves, and they were brought in one by one. I then took each particular medicine and gave it to herbalist No. 1, and asked him if he knew that. He said "Yes." I then asked him if he knew what it was for, and perhaps he would answer, "for dysentery," giving me the name, which I wrote down on paper. I then asked him what the next medicine was for, and he said it would procure the favour of the chief, but he would not give the name. Another medicine he said was for snake bite; and another would be used if a man wanted to get a girl to love him; he would put it in beer or something else and give it her to drink. So it went on with the whole string of medicines. The first man then went away in charge of a policeman, and the second was brought in and questioned in the same manner, and so on, and in most instances they all agreed; they all knew these medicines, and what they were for, consequently I acquired a knowledge of them in a way I could not have got otherwise, and the case was settled satisfactorily. With regard to leprosy, I believe that if among these medicines there had been a root which would cure it, they would not have told me, even at the risk of being punished.

316. How are cases of leprosy found out in the Transkei?—The head man of each location is supposed to report to the resident magistrate of the district all cases of leprosy. He has been instructed that that is part of his duty, and the magistrate then requests the district surgeon at his earliest convenience to examine any case reported, but it is well known that all cases are not reported. The headman for instance, may have a case in his own family. There is a case just now under consideration in which the headman's family was affected with leprosy, and in that case he does not report it, and if some intimate friend is attacked he would conceal it, so that it is not possible to ascertain all cases that occur, it will be a matter of time.

317. Are there any Inspectors of leprosy?—No.

318. *Dr. Herman.*] How many cases of leprosy are there at this institution in the Transkei?—I cannot say at the present moment as it is only now being got into working order. Some little time ago there was only one case. A man came in a terrible condition and was received. Of course we have no means of preventing them getting away from the asylum. They can come there and get food for a few days and then go away if they choose, so we do not care about getting a number there until the whole thing is in full working order.

319. Is the Act in force there at present?—Yes, it is in force in the territories, otherwise we could not do anything?

320. Do you segregate the lepers?—We cannot as yet.

321. Is it impossible to segregate lepers in the frontier districts and the native territories?—In the native territories I think that practically it is impossible. Theoretically it is not impossible, but practically it will be for some little time.

322. Are there so many?—I think it was Major Elliott who reported some little time ago that the number was becoming so great that the asylum would not be sufficiently large.

323. In which district is that?—In Tembuland. Not sufficiently large to keep them in the way in which we originally proposed to keep them. We proposed to have a number of fairly good huts built—not houses, but huts, with windows and doors to each hut—something better than the ordinary Kafir hut, and then give them the very plainest of furniture. We should not go to any great expense, because these people are unaccustomed to luxuries, but they would get plain food, plenty of mealies, and perhaps occasionally meat, and milk if we could get it, but we should let them as far as possible grow their own food, partly to save expense, and partly to keep them from being idle. In that way a large extent of ground would be required.

324. *Dr. Dodds.*] It would be a leper location in fact?—Yes. That is practically what it would be.

325. *Dr. Greathead.*] Is it intended to allow the men to bring their wives with them?—Not if we can help it, but it is of course difficult to separate a man from his wife and family.

326. *Dr. Dodds.*] Do the wives and family accompany the men at present?—No, because we have not any room.

327. *Dr. Herman.*] I understand you to be distinctly of opinion that any scheme of complete segregation in the frontier districts would be impracticable, and also in the native territories?—I think the natives could be educated up to it, and that it would then be practicable in the course of a few years, but you cannot come upon the natives suddenly with any such scheme.

328. Do you include the frontier districts where there are large numbers of natives?—The frontier districts are more completely under control than the districts over the Kei. On the frontier you have a considerable European population, and consequently there is more influence and more actual control. In order to keep order and control in the Transkeian Territories we have to

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act judiciously, and we must not do anything suddenly against the inclinations and wishes of the people. If you work with them you can govern them, but if you work against them you can never govern them. They number half a million over the Kei and in Basutoland, and we are not ten thousand.

329. Would the same difficulty apply in Basutoland?—I think so.

330. With regard to the native districts in the Cape Colony itself, are you in favour of segregating the natives there?—I have not formed any opinion.

331. Is there any practical difficulty in removing them from the Eastern Province to Robben Island?—I cannot see that there would be. I do not suppose in advanced cases there would be any difficulty at all; but it is in the earlier stages when men and women are strong and in their own opinion well. We wanted to get the headman I referred to just now, whose family is affected, to consent to go to Emjanyana, and we offered him a position as native superintendent; he would have been practically a constable there under Dr. Weir's direction. He said he would go provided his people were allowed to go with him; but that of course would destroy the whole thing. He would not consent however to go otherwise.

332. Who is in medical charge of the leper institution at Emjanyana?—Dr. Weir.

333. Do you think the natives have been conversant with leprosy for a long time?—As far back as the traditions of the Bantu go; there is no doubt that their ancestors knew of it.

334. Do you think it existed before the Europeans came?—Yes; they have not got it from the Europeans.

335. Do you think it has increased?—I have given the reason why I do not think it has increased relatively to the population.

336. Does not Dr. Livingstone refer to leprosy among the Bechuanas?—I have read all his writings, but I do not remember any such reference.

337. Is leprosy equally common among the different races of natives, the Hottentots, Bechuanas and the true Kafirs?—I have made some enquiries about the Hottentots, and I got from some Kat River people the information that they had always known the disease, but as you are aware, the Hottentot in the Colony has rather lost the traditions of his ancestors. He speaks Dutch, and has pretty well lost any knowledge of events before the time he became connected with European people. You can, however, get at them in this way: they continue their folklore, which is still in existence, and I believe in that you come across diseases of which probably leprosy is one. say probably, I cannot speak with absolute certainty.

338. Might they not confuse syphilis with leprosy?—That is possible, but then the question arises as to whether syphilis was known to them before their contact with Europeans. I doubt very much whether it was. I know that in the earlier records you do not come across anything concerning leprosy until about the middle of the last century, but you do come across observations to the effect that the natives are on the whole a very healthy people, and there is no doubt that if syphilis had been among them before the introduction of Europeans, it would have spread pretty largely.

339. I notice in a report from the Cape Colony to the College of Physicians in 1860, it is stated that the disease was exceedingly common among the Hottentots?—From my own enquiries, which are only made for historical purposes, I have not traced anything of that kind. I did not go very deeply into the matter, but I came to the conclusion that leprosy was not so prevalent among the Hottentots as it is among the Bantu.

340. Do the Bantu include all the Zulus and Kafirs?—The black people as distinguished from the Hottentots and bushmen.

341. Can you from any of the records say whether leprosy sometimes attacks certain classes in South Africa more than others, or is more prevalent in certain localities?—I asked the question about certain localities, and was

told that there are localities in South Africa free from leprosy. The Pondos say that leprosy came into their country through people who had moved in from the Colony, and I think very possibly that is true.

342. Has any attempt been made to trace out any such special outbreak ?—I do not think so.

343. Can any records be obtained in regard to leprosy in Pondoland ?—I do not think so. I doubt if there is anything in print about it. It is only within the last few years that this has become a prominent subject.

344. Must there not be a good many circumstances within the memory of living men ?—You might be able to get old people together in Kafirland who would be able to give you information about the matter. I remember being struck with the observation that the disease had gone into Pondoland because it is sometimes supposed in the Colony, I do not know on what grounds to be more common among fishing people than others, and the Kafirs are not a fish eating people, they will not touch fish at all.

345. To what special influence do the natives attribute the occurence of leprosy ?—None that I know of.

346. Are their hygienic surroundings, dirt, and other things equal ?—I think so. I suppose they would say it was caused by witchcraft. That would be their answer. If you asked about any particular individual who was a leper, they would say witchcraft did it.

347. From your own experience are there any particular influences that you could bring to the notice of the Commission likely to account for the occurrence or spread of leprosy among the natives ?—I have seen a great many lepers in Kafirland, and they all live just the same as others.

348. Do they isolate cases of leprosy when they occur among themselves ?—No, they do not.

349. Are they afraid of contagion ?—In the olden times a leper would be tolerated until the disease had got to a certain stage, and then the leper would disappear, in just the same way that a cripple would be tolerated for a certain time, but if it was found that the disease was chronic and there was no chance of any improvement and the individual was likely to be a burden on his family or the community, he would disappear. That was the ordinary course of things in the olden times. Now, under European law it is different and it is on account, I take it, that there are apparently more lepers now in Kafirland relatively to the whole number of the people than there were fifty years ago.

350. *Dr. Dodds.*] Do you think the natives are getting afraid of leprosy ?—I cannot tell.

351. *Dr. Herman.*] Do the lepers intermarry among themselves ?—Yes.

352. And have they families ?—Yes.

353. Is there no special native law dealing with them ?—There is nothing to prevent their marrying. A native does not select his wife himself, his parents or guardians select her for him, and they make the arrangements as to the dowry.

354. *Chairman.*] Are marriages of consanguinity contracted among Kafirs ?—No ; not among those of the coast. They look with very great horror upon that. They must not marry as far as they can trace any relationship ; indeed they cannot marry where the surname is the same. But in Basutoland you find it is almost invariably the case that a man marries his first cousin.

355. *Dr. Herman.*] What do these natives live on ?—Chiefly millet, maize, and fermented milk, which is a most excellent drink in hot weather.

356. You say that they eat no fish ; do they eat any animal food ?—They eat animal food at their feasts, but they do not use it in the way that Europeans do every day.

357. Do they eat putrid animal food like the Hottentots are said to do ?—I do not know that the Kafirs would. They can eat animal food

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which is very high, and they rather enjoy it, but as a rule they do not allow their food to become putrid. At a wedding perhaps some cattle would be brought up and slaughtered, and within a couple of hours or so the whole of it would be consumed; it has not time to become putrid. Whenever a Kafir kills an animal, everybody around knows about it, and they come as a matter of course and partake of it as long as it lasts; their tables are free to everybody.

358. As a rule are these people well circumstanced, not in a condition of poverty or subject to famine?—Sometimes when there is a drought and the crops fail, they are liable to famine.

359. Is that frequent?—It is not very frequent, but there have been instances of famine. In 1877, for instance, when for years there had not been any seasonable rains on the frontier, the Kafirs were absolutely without any grain, and there was a very severe famine. There were very many deaths, and the people took to living on roots and so on. I had some 3000 or 4000 people under me towards the close of 1877, and so far as I could find out they did not know where the next day's food was going to come from. They even ate the soft pulp of some of the trees, which were all destroyed.

360. *Dr. Greathead.*] As a rule, I suppose these people would be supposed to lead a healthy sort of existence, would they not?—Yes. Many of the Kafirs whom I refer to, and who were just skin and bone, recovered as soon as they got food, and sustained no evil effects such as Europeans would have done under a similar state of things.

361. *Dr. Dodds.*] Was there not a great famine some 30 or 40 years ago, when the Kafirs killed nearly all their cattle?—Yes.

362. I have heard it said that leprosy increased very much after that. Is that so?—I never heard of it before.

363. *Dr. Herman.*] In your opinion have these periodical famines and droughts any influence upon the occurrence of leprosy?—No. I have never connected the two things in any way at all, nor have I heard of any one else doing it.

364. *Chairman.*] You say that these people recover well?—Yes; when they get food. They do not contract disease from famine as Europeans would do.

365. *Dr. Herman.*] You appear to take great interest in the subject, and have evidently studied it very carefully; have you drawn any conclusions with regard to the cause of leprosy or in regard to its contagiousness?—I have not taken any special interest in the subject. I have merely made enquiries for historical purposes. I have not had the time to go beyond that even if I had wished to do so. I have endeavoured to confine myself to one thing, and do that as well as possible. Mr. Leibbrandt will possibly be better able to give you information regarding the archives. The first cases I came across were about the middle of the last century, when Ryk Tulbagh was Governor, and a medical commission was appointed to examine them.

366. *Dr. Dodds.*] What cases occured between that time and the establishment of *Hemel en Aarde*?—I do not remember any cases at all, except the case of the girl I have referred to, whom someone wanted to marry. I do not remember having come across another case, but I may have done so, and taken no notice of them at all, since I had got all that I wanted for historical purposes.

367. *Dr. Hoffman.*] You have spoken of cases of leprosy at Groot Drakenstein; are you able from the archives of the Colony to follow the course of leprosy since then, and say whether it spread in the district itself; whether the lepers found there were a focus for spreading the disease; whether it became lost altogether, or whether any member of the family or families affected at that time ever got the disease? Is there no chance of tracing the disease in the district?—I think there would be. I did not go

into the matter myself. I merely came across the fact in the archives that three individuals were suspected of being lepers, and that a medical commission was appointed, which pronounced them to be lepers. I do not, as I have said already, wish to mention the names of the individuals. All that I did in the matter after that was to make some enquiries privately, but I did not give my reasons for asking questions. From all the information I could gather, these families are at present perfectly free from leprosy. When I asked questions concerning these particular families, I took good care not to let people know what I wanted the information for at all; it was a matter of curiosity with me to try and ascertain whether leprosy had been hereditary in these families.

368. *Chairman.*] Are there any records showing in what way the diagnosis of the disease was arrived at as regards these families?—I do not remember, but Mr. Liebbrandt I dare say would be able to tell you any particulars.

369. *Dr. Hoffman.*] Could he mention the names also?—Yes; but I should hope he would not mention any particular names.

370. Is there anything like a comparative record of the number of lepers 25 years ago and at the present time?—Not that I know of.

371. You spoke of the Kafirs eating meat; is it not an acknowledged fact that Kafirs eat diseased cattle and sheep?—Yes they do.

372. Would a Kafir prefer to kill a diseased animal to a sound one for the purposes of food?—Yes; in that way they would eat diseased food certainly.

373. *Dr. Herman.*] Is not leprosy supposed to be exceedingly common in Egypt; can you trace any connection between leprosy in Egypt and that occurring among the Kafir tribes in South Africa?—I do not think so.

374. Does the disease occur in Central Africa at all?—I do not know. I have no knowledge whatever.

375. *Dr. Dodds.*] Can you suggest any books or any sources of information regarding leprosy among the native tribes?—It might be mentioned in books of travel. It just occurs to me that a chief of some importance died of leprosy in Central Africa some years ago.

376. *Dr. Herman.*] Can you assist the Commission in any way in endeavouring to glean such information?—I am afraid not. I would not know where to go to get information on the subject, because leprosy in South Africa at all events has only become a prominent subject within the last year or two. The old books of travel would not be likely to give particulars of it, and I do not remember in any Portuguese books I have studied having seen any mention made of it.

377. How do you think leprosy reached the South African natives?—I cannot tell you.

378. *Dr. Dodds.*] Who was the chief you referred to who died in Central Africa?—The chief of the Makalolo, who lived on one of the tributaries of the Zambezi.

379. *Dr. Greathead.*] You mentioned the case of Masakala, was he declared to be a leper by a properly qualified medical man?—He was reported to us as a leper by the magistrate of his district.

380. You do not know whether any medical man saw him?—I do not know whether any medical man examined or treated him.

381. *Dr. Dodds.*] Did Dr. Soga see him?—I do not think so; he would be a considerable distance away.

382. *Dr. Herman.*] Would the fact of there not being any proper segegration of natives in the native territories endanger the carrying out of segregation in the Colony itself?—There is constant communication between the Kafirs on this side of the Kei and those on the other side, and if you were to segregate those on this side and not those on the other side, I do not think it would be very much use, because they would still come in contact

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with each other. It is the intention of the Government to segregate as soon as they can, but we have to act with caution. You cannot send a large army across the Kei and issue an order summarily.

383. But you would recommend segregation for the natives would you not?—Yes.

384. Would the removal of a chief from his people such as you have referred to. need a special modification of any segregation Act?—No.

385. Would you separate him entirely from his people?—He would have to be separated entirely.

386. Would that lead to any serious complication?—You could not do it except by force, unless the people were thoroughly well educated. The chief Masakala was a paid headman of the Government and he was reported to be a leper. The Government then said, that being so, he could not carry out the duties of headman, and some one else must be got in his place, and another man was appointed, and he was offered instead the supervision of the Emjanyana asylum; he was to be a kind of policeman there. Upon that he declared that he was not a leper, but that if all his people were allowed to go with him he would go. Of course that could not be allowed. He then demanded that he be proved to be a leper, and the district surgeon was sent down to examine him and his family. It was reported that he himself personally shewed no signs of leprosy, but individual members of his family did, and some were far gone. This was a difficult case for us to deal with and we then told him how much better it would be for his diseased relatives, to be provided for by the Government and pointed out the advantages to him, but they do not like to be parted from their friends and relatives. I suppose it would be the same thing among Europeans in the earlier stages of the disease.

387. *Chairman.*] What are the reasons in your mind for favouring segregation?—I would favour it as an experiment or trial; I do not know any thing at all about leprosy personally. I do not know how it is caused, whether it is hereditary or whether it is contagious, or anything at all about it, but it is such a terrible disease and it is assuming such proportions now in South Africa, that I think the experiment of segregation should be tried, because if it is contagious, that is the only way of meeting it. After some little time the experiment would prove one thing or the other. That is the only reason why I am in favour of segregation, but it is only just my own opinion.

Rev. *H. C. V. Leibbrandt.*

The Rev. Hendrik C. V. Leibbrandt examined.

388. *Chairman.*] You are keeper of the colonial archives?—I am.

389. Can you give the Commission any information concerning the early history of leprosy in this Colony or in South Africa generally?—Some ten years ago I gave the *Cape Times* newspaper a summary of my researches, and that was published. It consisted of three parts, first the arrangements which were made under the Statutes of India (*see appendix*) for the care of lepers, and which, I believe, still form part of our colonial law; then I pointed out what was done in the Netherlands, and I gave copious extracts from the Netherlands' placcaten collected by Cornelis Cau in 1658 (the *Groot Placcaat Boek. See appendix*), and finally I gave the first cases of leprosy as they are reported in the archives as follows:—

Resolution of Council of Policy, 31*st May*, 1756.

To Governor Ryk Tulbagh and the Political Council—"It has often appeared to us that some persons in some households in the country here have begun to show such outward signs as to cause us to dread, that possibly they may be affected with leprosy, and therefore we have considered it our duty in consequence of the very great danger which the contagiousness of this

disease, if allowed inperceptibly to grow, would cause the inhabitants of this land, to order the surgeons practising in the country, Wynand Louw and Willem Ferdinand Hoyer, most carefully to examine such persons as are suspected of being afflicted with the above mentioned contagious disease, that if any of them shall be found so afflicted, they may be able to report to your Honour and honourable counsellors. But as the surgeons mentioned have notified to us that for weighty reasons they scruple to make the inspection, we have taken the liberty to inform you of these matters, with the humble request that you may be pleased to appoint one or more capable surgeons to act with them that the examination may take place with more satisfaction." (Signed by) A. van Schoor, Johs. Louw, As. Brink, J. v d Spuy, Jn. de Villiers.—[In the margin] In the Council of Landdrost and Heemraden, of Stellenbosch and Drakenstein, 10th May, 1756.

The Council resolves to commission with the surgeons mentioned the second chief surgeon of this Government, Jan van der Riet, and the burgher practitioner here at the Cape, Honoratus Maynier, who are to be provided with proper authority for the purpose.

(Minutes signed by) Ryk Tulbagh, H. Swellengrebel, P. v Reede van Oudtshoorn, J. Meinertzhagen, — Alleman, N. Heyning, C. Brand, Corns Elers, F. du Grand Preez, and O. Bergh, Sec.

Stellenbosch and Drakenstein at that time formed one district under the administration of a Board of Landdrost and Heemraden, the Drostdy being situated at Stellenbosch. Upon receipt of the communication from Stellenbosch, the Council of Policy on the 31st May, 1757, decided as already mentioned, to appoint a committee of surgeons to make enquiry, whose report was submitted on the 20th July, 1756, and is as follows—together with the subsequent proceeding of the Council.

Report of the Surgeons—See resolution of 20th July, 1756.

Report of the surgeons. Resolutions 20th July, 1756 :—That in accordance with the Commission dated 31st May last, they had been ordered to examine the persons reported to them as showing signs of leprosy, and to report circumstantially the results in writing. That they had examined all who were even in the slightest degree suspected of being affected with leprosy but only found three persons affected with that disease, viz. :—

1. In the family of the farmer John M., residing in the so-called "French Hoek," we found the said J.M. afflicted in the worst form, and entirely incurable. According to his own confession, he has had the disease 18 years and undergone the mercurial treatment twice without effect. His family consists of his wife, 4 daughters, and 2 sons, who were all most carefully examined by us. They were all together found to be in perfect good health, and without the least signs of the disease mentioned, excepting the eldest daughter who had taken the greatest share in nursing her father, and is showing already indubitable symptoms of the disease. However, as she is still young, and the disease does not yet appear to have gained the upper hand, she may stand a chance of being cured, and therefore the undersigned have together consulted to provide her with the best means for her recovery.

[Note.—I find in the report of the following year that on inspection the girl mentioned had become worse, and unfortunately also was expected soon to become a mother. The Council ordered the reputed father to be sent to Batavia, and the child as soon as it was born, at once to be taken away from the mother and nursed elsewhere, to save it if possible from the ravages of this frightful disease.]

2. In the family of the farmer, James M., in the Wagonmaker's Valley, J. M., who is suffering only nine years from the disease is, however, already so bad that the extremities of his fingers and toes are mortified, so that he is entirely incurable. However, his wife, 4 sons, and 3 daughters do not show the least signs of leprosy.

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But as it has appeared to the undersigned that the above mentioned two J. M.'s, after having become diseased, became the father of many children by their wives, and the undersigned have consequently reason to be more afraid for these children than for the others, they would respectfully submit that a careful eye should from time to time be kept on these children, so that if any sign of the disease should show itself on them, the necessary steps might be taken in time.

The undersigned also wish to communicate that the wives of the two J. M.'s, have most urgently requested to represent to you that they are justified in concluding that in accordance with your customary fatherly prudence you will be sure to adopt some measures for the general interest, but also that they expected from your kindness, and humbly prayed that you may direct them in such a way that it may not be made impossible for them to sell the little produce raised by them on their farms, that the latter may not become valueless, and they with their large families be reduced to greater poverty than what they are suffering now. (Signed by the surgeons mentioned above, 15th July, 1756.)

Resolution of the Council.

Resolved to forward this report to the Landdrost and Heemraden of Stellenbosch and Drakenstein, with orders to advise the Council concerning the best means, in their opinion, to be adopted, in order to prevent the contagious disease mentioned from infecting other inhabitants; and to do so without pressing too heavily on the still healthy members of the unfortunate families.

Report of the Landdrost and Heemraden of Stellenbosch and Drakenstein. See Resolutions, 24th August, 1756.

"We have the honour most obediently to report that in our opinion the surest method would be that the persons proved to be leprous should be entirely separated from intercourse with healthy people. But there is some difficulty in this course, as regards the hitherto healthy members of the families, and therefore we would suggest for the present to recommend the families found to be affected with leprosy to know their own duty in this matter, and to refrain from such intercourse by which others may be infected; and further by affixing notices, to inform all the inhabitants in what families the disease has to a certainty been hitherto discovered; and further that as from time to time it has been observed that many of the inhabitants have no, or a very poor idea of this disease, and even a poorer one of its dangerous and contagious character, to warn them at the same time, that every one should most carefully beware of those families, which living in the country, and at a distance from other people, could easily be avoided, and not as it were purposely to expose themselves to the most dreadful results which it would be useless afterwards to regret, &c." (Signed by A. Van Schoor, Johs. Louw, Johs. Myburgh, D. Malan, S. Grove, As. Brink, Js. Van der Spuy, H. E. Blanckenberg, J. D. Villiers (in the margin). In the meeting of Landdrost and Heemraden of Stellenbosch, 16th August, 1756.

Resolution of the Council.

Resolved to adopt the means proposed to prevent the further progress of leprosy, and to order the Landdrost and Heemraden of Stellenbosch by letter to command those afflicted with the disease mentioned most strictly to abstain from all intercourse with other healthy people, and by affixing notices to acquaint every one of the inhabitants of the districts mentioned, that the before-mentioned most contagious disease has most certainly been discovered in the two families mentioned, and that everyone is accordingly recommended most carefully to keep aloof from them. The Landdrost and Heemraden are likewise to be informed by letter that whereas it is expected that the families

mentioned must in consequence of the measures adopted, necessarily be plunged into extreme poverty, they are in that case to provide for the maintenance of these unfortunates, as their condition requires. (Signed by) R. Tulbagh, H. Swellengrebel, P. Reede van Oudtshoorn, J. Meinertz Lange, Alleman, Ns. Heyning, Corns Eelders, and O. Bergh, secretary.

390. Those records show that at that time there were certain precautions taken to prevent the spread of leprosy?—Yes. If you refer to the Statutes of India you will find that there was an island called Purmerend, off Batavia, where all lepers were located, that is to say, all those who could not take care of themselves. The better class were allowed to live at home, but in such a way that they were not supposed to have any communication with the outside world; they were virtually segregated, though not removed, from their private residences.

391. Is there anything in the early records to show that leprosy came from without or from within the Colony?—In the ordinance promulgated by Lord Charles Somerset, on the 11th February, 1817, it is mentioned that "Leprosy has of late years considerably increased within the Settlement, and that only in the district of Swellendam there was any retreat provided for the unfortunate sufferers, that the idea was gaining ground, though considered by the most learned of the medical profession to be erroneous, that the disorder was contagious, and that consequently the distressed sufferers were frequently left in a state of abandonment, and that therefore it was expedient to allot to Hottentots, free blacks, and slaves, labouring under this evil, a healthy and airy spot to retire to, where they might receive such aid as they required." This spot was Hemel en Aarde, in the Caledon district. The ordinance mentions Hottentots, bastards, free blacks and slaves, and Dr. Laing in a question No. 1009, put to Rev. Kuster, in the evidence taken before the Robben Island Commission in 1862, says "they are mostly Hottentots who are lepers."

392. Is there any record connecting the disease in that district with leprosy at the present date, so that we might see whether there has been any spread from any one given point?—I would draw attention to this fact, that we do not know how much leprosy and other diseases existing among the people of the East, were from time to time imported into South Africa. The archives tell us that large numbers of slaves were annually imported from Madagascar, the coast of Coromandel, Batavia and other parts of the Archipelago, mostly all places where leprosy was known to exist and thrive. The free blacks and slaves, were all either imported, or descendants of those imported from the East.

393. Were those slaves distributed throughout the Colony?—Yes, and most probably the disease was brought in that way among the Hottentots and other aborigines, among whom many of the fugitive slaves found a home.

394. *Dr. Herman.* Is there anything to show that these slaves brought leprosy here and spread it among the people of this country?—The only personal evidence I can adduce is, that when I was a youngster I have myself seen old imported slaves afflicted with leprosy. Moreover the ordinance of 1817 would lead me to that conclusion.

395. Is there any distinct evidence to prove that any lepers were brought here from other countries?—They would never import lepers; they would become lepers here. They might have the disease in an undeveloped stage when imported, and would have become leprous here just as the case would have been if they had been left at home.

396. *Dr. Hoffman.* What is the earliest record we have of leprosy among the Hottentots; in the time of Lord Charles Somerset?—Yes, the preamble of the ordinance speaks of a considerable increase of leprosy of late years within the settlement. That is dated February 11, 1817.

397 *Dr. Dodds.* Is there nothing between 1756 and that date?—No; except renewals and modifications of the statutes of India. The people

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here seemed to have looked upon the disease as non-contagious and with the same indifference with which the Asiatic regarded it, and by no means with the horror evinced by the European.

398. *Dr Hoffman.* Is there nothing in the old Dutch archives about leprosy in the Colony among the Hottentots?—Nothing in the old archives of the Dutch period. The first mention occurs in the ordinance of 1817. Regarding the intercourse of the slaves with the Hottentots, I find that as early as 1696 slaves were being harboured by the Grigriqua tribe and that steps were taken to recapture them; that in 1721 the Government's attention was drawn to the cohabitation of slaves with Hottentot women; in 1755 their abandoned and dissipated lives urged the Government to place these women under strict control, for being syphilitic they were a source of danger to the soldiers, sailors, and the public. They were always sent to the old slave lodge to be cured. In 1755 a large number of fugitive slaves were among the Kafirs, and a man named Jacob Joubert was allowed by the Government to go and capture them. He was to receive Rds. 25 for every one brought back.

399. *Dr. Herman.*] Is there any record to prove that leprosy occurred among the slaves who were imported?—No, but I know of cases of leprosy among the older slaves.

400. Is there any record to show that there was any outbreak of leprosy among the slaves, on any of the large estates here?—No, but in the time of the Van der Stels there was a disease among the slaves, and they died off very rapidly. Nobody knew what it was. A very large proportion died, so that others had to be imported. The food given them seems to have been very inferior, and in the long run could not be very healthy.

401. I suppose some of the slave-owners had a large number of slaves, had they not?—Yes.

402. Is there any record to show that among them there were any lepers at all. Is it not likely that if three cases were noted like those at Drakenstein as early as the year 1756, any cases among the slaves must have been noted also?—They would hardly make a Government enquiry of the matter, but the individuals might be isolated on the farms, or on some spot distant from the town, where though segregated they would be comparatively comfortable. I may mention the case of Graaff-Reinet, which was established in the year 1786, and had also since 1817 a small leper asylum of its own not very far from the town, in one of the kloofs over the Sunday's River. After the establishment of the *Hemel en Aarde* institution, a wagon used to come to Cape Town annually with such lepers as had been collected during the preceding twelve months.

403. Can we get any records about that. Under whose authority was it established?—I have made a précis of the Graaff-Reinet minutes of the Landdrost and Heemraden, and extract the following:—On the 6th April, 1818, Government, by letter of 30th January, 1818, informed the board of Landdrost and Heemraden that Graaff-Reinet was to pay Swellendam for maintenance of the leper institution, Rds. 449, 7, 3. Landdrost notifies that this sum had been paid. On the 7th April, 1818, arrangements were made for getting return loads from Cape Town with the leper wagon. On the 4th April, 1820, letters were received from Government dated 3rd February, enclosing cost of leper maintenance at *Hemel en Aarde*, and ordering Graaff-Reinet to pay its share to Swellendam, viz., Rds. 2973, 3, $1\frac{1}{4}$. Another letter dated seven days later orders Graaff-Reinet to advance annually to Swellendam for the leper institution Rds. 1000, to be accounted for at the end of each year. On the 5th May, 1823, it was resolved to request the Government authority to buy a wagon to convey lepers to the institution, as this would save a large amount annually, and on the 8th July following a reply was read from the Government, dated 28th May, authorizing the buying of the wagon. I may also mention that some people did not like to use the wagon in which the lepers were removed.

404. *Chairman.*] Then evidently at that time there was a fear of the disease?—The people avoided it.

405. *Dr. Herman.*] Would it be a fair deduction from your remarks that leprosy was rare among the slaves up to the time of the emancipation?—In the year 1817 there seems to have been a sudden increase again, or about that time, and then Lord Charles Somerset founded the institution *Hemel en Aarde.*

406. In the same way would it be fair to say that at that time leprosy was common among the Hottentots?—Yes. Lord Charles Somerset, in 1817, says that it has been represented to him, and that after minute inquiry, he has ascertained that that melancholy and distressing disorder, the leprosy, has of late years considerably increased within this, settlement, and he mentions Hottentots, free blacks, and slaves as the sufferers.

I give here a precis of the rules under which the establishment was conducted; as mentioned in the Ordinance.

Ordinance Promulgated by Lord Charles Somerset, on the 11*th day of February*, 1817.

Preamble.—Considerable increase of leprosy of late years within this settlement. Retreat provided only in the district of Swellendam for the unfortunates. Impression gaining ground but held to be erroneous by the most learned of the medical profession, that the disorder is contagious, consequently the sufferers are frequently left in a state of abandonment, which it is shocking to humanity to reflect upon.

The expediency of allotting to Hottentots, bastards, free blacks and slaves suffering from this disease a healthy and airy spot whither to retire, and where they shall receive such aid as is necessary to their future subsistence and comfort, but to which place the safety of the public requires they should be confined.

The situation of *Hemel en Aarde* allotted by the district of Swellendam to this object, capable of such augmentation of ground as is sufficient for the purposes required; therefore,

1. The Landdrost shall inspect the adjoining ground of *Hemel en Aarde*, and send to the Colonial Office an accurate diagram of what can be conveniently appropriated to this object.

2. He shall also cause numerous and very ostensible landmarks to be erected around the site, that everyone may know the exact limits.

3. This site to be appropriated for the reception of all lepers, under the following conditions:

(*a*) When a coloured person is reported to the Landdrost as leprous, the latter shall at once cause such a person to be examined by the district medical officer, and report the result to the Colonial Office.

(*b*) The Colonial Secretary shall thereupon order the Deputy Landdrost of Swellendam, at Caledon, and require him to admit the patient into the district allotted to lepers, and to keep an exact register of all.

(*c*) The lepers to have the ordinary contract rations.

(*d*) The lepers to erect huts for their habitation, and to be allowed to have vegetable gardens.

(*e*) The Deputy Landdrost of Swellendam shall from time to time visit the leper districts; and give the necessary directions for their cleanliness and good order; inspect the provisions, &c., and report quarterly to the Landdrost at Swellendam, who in his turn shall report to the Colonial Office.

(*f*) Account to be kept of the expenditure, and to be annually submitted to the Swellendam Board of Landdrost and Heemraden, who shall submit a copy to the Colonial Secretary.

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(*g*) The expenses to be divided equally between the seven "drostdjes" and Cape Town.

(*h*) The share of Simon's Town to be arranged between the Landdrost of the Cape district and the Resident at Simon's Town.

(*j*) Quarterly returns of the number in the Cape district to be sent to the Colonial Office.

(*k*) The owner to pay for the maintenance of his leprous slave.

(*l*) The Deputy Landdrost to take every care to prevent the persons belonging to the leper district from going beyond the boundaries of the same, and make known to them the severe penalties they will be liable to, in case they are found beyond them, as in cases of quarantine for contagious disorders is by law provided.

(*m*) Medical aid, &c.,

(Signed) C. H. Somerset.

By command:

C. Bird,
Deputy Colonial Secretary.

407. *Chairman.*] The next important records are those connected with the settlement *Hemel en Aarde* in 1817. Is there anything to show the method in which that was conducted and other particulars?—These records are not in my custody, but I may say that I once wrote a letter in connection with a most remarkable statement made in a sermon by the late Rev. Mr. Spurgeon, where Hemel en Aarde is described as a wonderful place surrounded by frightfully high walls, and the lepers were just shoved in there and left to die. [See *Appendix.*]

408. Do you know if there are any records showing that leprosy still exists in that district where the settlement *Hemel en Aarde* was?—Judging from what I have read, I believe there are still cases there, but there are also other districts where leprosy has increased.

409. Are there any authentic records to show that no leprosy existed in the Caledon district previous to the leper settlement there?—It was in consequence of leprosy existing in the district that *Hemel en Aarde* was started. The Moravian Brethren appeared to have been the first to collect the sufferers on one spot, known as *Hemel en Aarde*, which in 1817 became a Government institution, the lepers being spiritually served by these Moravians until 1868.

410. Is there any evidence to show that the fact of founding a leper settlement is a danger to any district, and as such may form a focus from which the disease may spread?—It is difficult for me to reply to that. I have no records, but I know that those who became owners of the six plots when sold by the Government never suffered from the disease.

411. *Dr. Dodds.*] Can we get any records as to the number of lepers treated at Hemel en Aarde?—The Government returns may show that, but the older papers in the Colonial Office are sometimes defective.

412. *Dr. Herman.*] Was the establishment *Hemel en Aarde* under the Moravian mission?—Yes.

413. And were the missionaries responsible for the management?—In a measure they were, because they preached there and took care of the people and prepared their food for them every other day. The Government made them a certain allowance for the purpose.

414. Were the patients allowed to go out at all?—Yes. I do not believe there was any law to prevent that.

415. I understand the allusion by the late Rev. Mr. Spurgeon is wholly sensational and erroneous?—Yes, the whole thing.

416. *Chairman.*] Were the lepers allowed to go about in the district?—Yes, I believe so. Even in Cape Town no leper was ever prevented from going anywhere he liked. I have myself seen lepers in the market and elsewhere.

417. *Dr. Herman.*] What was the effect of the leper establishment there upon the health of the community?—I do not think, as far as the district itself is concerned, that it had any effect at all. There were lepers all around. I remember when at George many years ago a place was pointed out to me which they said had been a location for lepers. It was a very pretty spot, and they used to segregate lepers there. Other districts had these locations also, where the lepers were gradually collected and sent to *Hemel en Aarde.* There were only about ten huts at the latter place, when it was subdivided. The people who lived there afterwards do not seem to have been affected at all. Mr. Jan Reitz, who died quite recently, lived on his farm there for many years. He bought it when he was a young man.

418. *Chairman.*] There are families living on this identical farm who are not affected as far as you know.—Yes.

419. *Dr. Greathead.*] That district is not specially noted for leprosy at the present day, is it?—Not that I know of.

420. *Dr Herman.*] Can you give us a list of the different places where there were leper institutions?—Not institutions, but temporary asylums where the lepers were segregated until sent to *Hemel en Aarde.* Every Landdrostship had one.

421. I see there is a note in the report of the College of Physicians; does that refer to *Hemel en Aarde* or to Robben island?—I think to Robben Island, which was established by advice of the late Mr. Montagu.

422. Did the Moravian mission have charge of that also?—Yes; until 1868.

423. Was not there another leper hospital in Cape Town near the Flash Lighthouse, at Granger's Bay?—Not that I am aware of. The first hospital that was ever established here was by Van Riebeek, close to the beach where the old shambles stood. That was afterwards taken down, as it was considered a bad place for the patients and also likely to prove a snare to the fortifications. A hospital was then built opposite the Dutch Reformed Church, and long after that, a third hospital at present known as the barracks. When the Dutch retired from the Cape, much was altered, and the Old Somerset Hospital was started.

424. *Chairman.*] Was the first hospital you referred to used for all cases of chronic sick, including lepers?—Very likely; and as far as the Dutch were concerned, persons who had syphilis or any other contagious disease, though leprosy does not appear to have been considered as such, generally had to pay extra fees to the surgeon for curing them, but I do not think any kind of disease was excepted.

425. *Dr. Herman.*] I understand that no special accommodation was provided by the Dutch or English Governments for lepers until Robben Island was established?—The report of 1756 even does not state that any steps were taken for making provision for lepers; it only says that these people should keep separate and remain where they were, and the Government would try and help them a little?—The first idea of a real establishment was in 1817.

426. *Chairman.*] Did the disease attract attention from its spread among the white people in these earlier times, or was it principally among the coloured people that it first attracted attention; do the records show that?—No; they only say that the disease broke out among a few of the white people. As far as the coloured people were concerned, I suppose they took it for granted that it was an Asiatic disease and was imported here.

427. *Dr. Herman.*] Who took that for granted?—The Government, no doubt. Considering the immense number of slaves, and the food they lived on, mostly fish and rice, it is not at all improbable that they would have the same diseases here as they would be liable to in their own country, or at least a certain percentage of them.

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428. Is there anything to show that ?—No direct evidence exists, such as the law would require.

429. On the other hand, there is a good deal to show that it was very common among the Hottentots, is there not ?—Yes ; later it was very common, judging from what we find in the Ordinance of Lord Charles Somerset and the evidence published in 1862. (See *appendix.*)

430. At one time, I believe, very copious records were kept of everything that concerned the slaves, and their condition was very carefully enquired into ; can we get any of those ?—I question whether the papers are complete on the subject, but I will look through them and see. The object of the slave registry was to prevent the slaves from escaping, or being unlawfully detained, and to prevent their being cruelly treated. Another reason for registration was that when sold they had to be transferred like landed property. The slaves who died were afterwards regularly mentioned in the despatches, but the cause of their death is seldom or ever given.

431. *Dr. Dodds.*] Are there any other records available beyond those you have mentioned, after Robben Island Asylum was established ?—I have nothing more, except the report of the Government Commission of 1862. Robben Island was established in 1844. I lately read a book by Krapf on Eastern Africa, parts of which are very interesting ; and also a book by Lyons McLeod, who was for many years British Consul in the Portuguese possessions in Mozambique. As far as Krapf is concerned, he confirms me in my idea that long before European history was written or existed, in the time of the Phœnicians, there was considerable intercourse between Asia and the East Coast of Africa ; and if we look at the matter in that light, it is more than probable that a great many of the diseases which were prevalent among the Asiatics may have been imported into Africa and spread among the natives, whether Hottentots or Kafirs, thousands of years ago. The history of Abyssinia shows that the people there were among the earliest Christians, and this can be accounted for only because it was on the high road from the Mediterranean to India. For many reasons we may conclude that there was close intercourse between Asia and the eastern shores of Africa ; in fact, I have no doubt whatever in my own mind that the word Ophir is the root or one of the component parts of the word Africa. I am not very old, but I have very rarely seen white lepers in the Colony, though many off coloured ones.

432. *Chairman.*] It seems that at an early period the idea of segregation was entertained. Have you formed any idea in your own mind as to the efficacy of segregation ; are you in favour of it ?—I believe there are cases which might be pronounced harmless, and there segregation would not be necessary. Under certain circumstances I would be in favour of segregation.

433. Only where it could be shown that there was risk ?—Yes. In connection with this I submit an extract from the work of the Rev. Valentyn, called "Old and New East India," and published about 1727. (See *Appendix.*)

434. *Dr. Herman.*] Do you think you could supply us with translations of the original placaats and regulations for segregation ?—Yes. I will endeavour to do so.

435. Do you think the records of the Dutch Reformed Church would supply us with any information on the subject ?—I do not think so.

436. How could we get the reports of the Moravian mission ?—You might address the Civil Commissioner of Caledon, or the Superintendent of the Genadendal mission station.

437. Is there any one you know of now living who would have any knowledge of *Hemel en Aarde* ?—There is Mr. Honey, a late Civil Commissioner. I believe his father was district surgeon of Caledon, and had to visit the place. He (the son) knows a great deal about it. He lives

at Stellenbosch. I may say that I have here a published letter from a Moravian missionary at Genadendal, which I can read. (See *Appendix.*)

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438. In the history of our contact with the native tribes in the Colony, is there anything to show that these people had leprosy among them at all? —I have not come across anything of the kind. I have never heard or observed that leprosy was endemic among these people. I believe they may have got it from the Arabs in early and later times. We must not forget that Africa has been visited right and left without our knowledge from time immemorial, so that it is very difficult to say how the disease may have been imported. We knew only lately that the high road from the East to the West has been open for ever so many years to Asiatics.

Dr. *Alfred John Gregory.*

Dr. Gregory further examined.

439. *Chairman.*] In addition to the evidence you have already given, are there any other points you would like to mention?—I was asked if I inspected over at Robben Island, and I think I ought to make some qualification of my reply. I have inspected there from time to time, but only with reference to special subjects. I have gone over for that purpose, and have confined myself to the particular matters in regard to which I had been instructed to report. As to the carrying out of any of the suggestions I may have made, of course that does not rest with me. I should also like to observe that I believe I was asked whether I knew of any particular cause of leprosy being given by district surgeons or others. In further reply to this I may add that I am aware that the act of bathing has not unfrequently been given as the exciting cause of the disease, but I attribute little power to this as a factor in the production of the disease. Although I think the observation of the patient in the matter may doubtless be correct, for it is quiet conceivable that the stimulus or shock caused by the bath may render any previously latent cutaneous symptoms of the disease apparent for the first time to the patient; in just the same way that a rash is not of infrequent occurrence in syphilitics after the morning tub, or that a hot bath brings out the rash in the exanthemata, as for instance in a case of scarlatina.

440. *Dr. Greathead.*] You have nothing to do with the cases at Robben Island, I understand?—Nothing whatever. I have only reported on sanitary matters, such as drainage and water supply.

441. Do you think the district surgeons' reports upon leprosy are satisfactory; do they know much about the cases in their districts?—They are supposed to make themselves acquainted with them.

442. Do they ever receive instructions to go on a special journey of enquiry to find out any cases of leprosy?—Not to my knowledge, but they are supposed to be on the look-out both for leprosy and syphilis when they are making vaccination tours. Of course, whenever it is reported that cases of this disease are supposed to exist, the district surgeon is always instructed to make a visit of inspection.

443. But is there any special effort made to find out cases of leprosy? —The rule is for the field-cornets to report any cases they may hear of or suspect. These officers are instructed all through each district, as also the Resident Magistrate, to be on the look-out for any suspicious case, which should then be immediately reported, and an inspection is thereupon made by the district surgeon.

444. Is that method considered satisfactory by you?—It is not entirely satisfactory.

445. Have you any suggestions to make?—I do not think you can improve upon it under existing circumstances. The field-cornet really knows a great deal more regarding the position of the district under him, as he lives there, than does the district surgeon, who only pays a short visit to the place.

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446. *Dr. Edington.*] I understand that the field-cornet is the recognised channel through which information is lodged. A case is brought before him, and he decides perhaps in his own mind that it is not leprosy and does not make any report; how can that case be brought forward?—It would probably not be brought forward unless some one else reported it. He is bound by law to report it, but unfortunately there is no penal clause in the Act, so that he cannot be prosecuted if he does not do so.

447. Do not you think it would be better if the district surgeon had to report instead of the field-cornet?—Yes; all medical practitioners should be bound to report.

448. *Dr. Herman.*] And householders as well?—Yes; under a penalty for default.

449. Would you make medical practitioners subject to a penalty?—Yes.

450. Do you think they would be willing to accept the burden?—I think so, the moment they recognise that it is the law, and that it is for the benefit of the country. I do not think under those circumstances that it would affect a man's practice.

451. Are you aware that a medical practitioner at Malmesbury objected to notify cases of leprosy?—Yes; but it has never yet been a question of law. If a medical man can say to his patient, "I must report this case or be prosecuted," I do not see that the patient has any cause for complaint against him. It is the same in the case of infectious diseases in England. Medical practitioners would not notify so long as they were not bound to do so, because they considered it a breach of confidence with their patients, but Parliament stepped in and made it compulsory on them to notify cases, so that it is now no longer resented or felt to be a breach of confidence.

452. I hardly think the cases are perfectly on all fours. In the case of leprosy, a man can be incarcerated for life in what is practically a gaol; in the other case you simply notify the occurrence of a contagious disease. Is not that so?—It is merely a question of degree, and I think they are pretty much on all fours. Both are diseases supposed to be spread by contagion, and it is equally important in both cases that the best means should be taken for their discovery.

453. The difference is so great that I do not think you can compare them at all. In the one case you deprive a man of his liberty as a consequence of the medical practitioner notifying the fact, while in the other case you do nothing of the sort?—In England a person would be taken to an infectious diseases hospital, and frequently great expense is entailed on him or his friends for disinfection, the destruction of clothing or other articles, and so on. It is merely a question of degree, I consider.

454. Is it the case that you can take a person to an infectious diseases hospital in England?—Yes, unless he is under such conditions that he can be properly isolated.

455. But after all, the two cases are not exactly similar, are they; one is voluntary removal, while the other is compulsory incarceration?—There may be a very great difference of degree, I admit, but still, it is after all only a question of degree.

456. *Chairman.*] Would you be prepared to advise that in view of the present difference of opinion as to the communicability of the disease, medical practitioners should notify, and that as a result of such notification a person should be incarcerated, for practically it would come to that?—It seems to me to be a question of logic. If you think it is necessary to segregate a person who is a leper, then it is equally your duty, as a logical sequence, to do your best to find out all lepers.

457. *Dr. Herman.*] How does that bear upon the point of notification by a medical practitioner?—Medical practitioners are the persons most likely to come into contact with and find out lepers.

458. Then you would remove the responsibility of reporting the disease from the individual who has it to the medical practitioner?—Not him alone, I would say that the householder or anybody having charge of a leper should notify.

459. Would you make the householder responsible?—Yes. I would have the dual notification. In England the medical practitioner and the householder both have to notify.

460. Would there be any actual gain in making both persons notifiy?—Undoubtedly in the case of a single notification there would be a certain amount of omissions.

461. *Dr. Edington.*] In some cases lepers might not be under medical treatment?—Just so.

462. *Dr. Herman.*] Do you think anybody would be afraid to apply to a medical man for treatment through fear of the disease being notified to the authorities in that way?—No doubt he would try to hide his leprosy, as is often done at the present moment.

463. Do not you think he would be more likely to conceal his condition from a medical practitioner than if the Act were left just as it is at present?—Even if he did do so, I do not think that would make any difference, because if at present he does let the medical practitioner know, the medical practitioner cannot make use of his knowledge.

464. *Dr. Dodds.*] A good deal would depend upon the drasticity of the Act, would it not. If there was a provision allowing treatment in local hospitals or private dwellings, a patient would have confidence to apply to a medical practioner, would he not?—Yes; that would make him less likely to conceal it, but that is another part of the subject that is simply a question of the degree of segregation; what we are now discussing is the question of notification.

465. It seems to be taken too much for granted, that being a leper, a man must be incarcerated for life, but that is not quite certain, is it?—That does not affect the question of notification. What you are going to do with the leper afterwards is quite another matter.

466. It affects the question in this way, that a patient would be more likely to conceal the disease from the medical man, if he knew that the medical man had to notify, and that life-long incarceration would follow?—If the medical man has not to notify, and the patient does not conceal the disease from him, although the medical man becomes aware of it, there is not much gain to the community by that knowledge, because it does not cause the leper to be segregated.

467. *Dr. Herman.*] What reason have you for wishing to depart from the ordinary rule that is followed in all such cases, leaving the responsibility upon the individuals themselves, as in the case of births and deaths, and so on. The responsibility of notification is there left to the householder or the person immediately responsible. There does not seem to be any clear reason why we should depart from that general rule in this instance, does there?—Even in the case of a death the medical man has to supply the certificate, and in some countries I believe he actually notifies it.

468. Do you know of any such countries?—I only speak from memory, but I believe I am right in saying that in France, the medical practitioner has to notify a death, and then there is a medical officer, whose special duty it is to enquire into the death. He visits the house and makes enquiries, and then gives a burial certificate.

469. *Dr. Hoffman.*] Would it not be throwing an extra onus upon medical practitioners generally, if it was known that they had to report upon every case that came under their notice? Suppose you were a medical man, and had to report upon any particular case in a family, do not you think it would create soreness of feeling against you?—I do not think so, the moment it became a recognised fact by the people that a medical man had to notify or else incur a penalty.

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470. Would not a medical man be looked upon as a detective?—That same argument was brought forward in England as regards infectious diseases, but in practice it was found not to be true.

471. But in this case you segregate a man for life, do you not?—If you admit that a leper should be segregated, then it becomes the duty of the community and everyone concerned to cause the segregation of every person who is known to be a leper. A medical practitioner, therefore, as a member of the community, should notify any case of leprosy when it comes to his knowledge. The argument brought against this, to put it in plain, unvarnished words, is that it might damage a medical man's practice. I agree with you that that is a fear which you might hold out, but at the same time it does not do away with the principle of the thing, that a medical practitioner ought to notify any case of leprosy coming under his observation.

472. *Dr. Herman.*] The principle is this, that you have got no right to move individual responsibility from one class on to another. You cannot interfere with a medical man to that extent and say, "these are your duties according to the Act, and if you do not perform them we will penalize you." It opens a very wide question. You have cited the notification of infectious diseases in England, but that is not on all fours, because there are comparatively few towns in England where infectious diseases are notified by medical men. In England it is quite a new thing, is it not?—It applies to London, and to the districts of some eight hundred other local authorities in England, that a medical practitioner himself has to notify. In 1889 it applied only to Croydon and some few special towns, but in 1890 it was extended to the whole of London and to numbers of other cities.

473. It is largely experimental in England still, and is applied only to certain localities, and the medical practitioners are not at all at one yet with regard to the advisability of extending it over the whole country. Further more it involves a very considerable outlay, which I do not think you would recommend the Government to incur here. If a medical man had to notify he would expect a fee I presume?—He ought to have a fee, but I do not think that would amount to much in a year. Medical opinion is very unanimous as to the value of compulsory notification of infectious diseases.

474. *Dr. Fismer.*] Would it not be sufficient if the householder was made responsible as well as the field-cornet?—That would not really answer so well. You might get a certain amount of good from it, but the householder and the field-cornet would frequently say, "I did not know it was leprosy."

475. *Dr. Edington.*] Do you think the difficulty would be met, looking at all the circumstances of the case, if it was made incumbent upon medical practitioners as well as laymen, to report any case of suspected leprosy to the Civil Commissioners, whose duty it should be to inquire into it?—That amounts to the same thing as I propose.

476. The point raised by Dr. Herman, especially in regard to up-country practice is a very important one. I should like to see medical practitioners made responsible, but I can quite understand that you would raise a strong animus against them in different parts; is not that so?—I do not think it would be so in course of time, as the law became known.

477. *Dr. Hoffman.*] If you threw the onus of reporting any case upon the medical practitioner, I think it would cause a good deal of feeling, and he might, in some cases, be led to connive with patients in order to protect them as well as himself. It is well known that there is a great spirit of clanship in certain families, and if it were known that I had attended a family where there was leprosy, and had given notice to the authorities, especially in its initial stage, it might tell against me. I do not think, moreover, that medical practitioners would be in a hurry to report cases, especially in the initial stage, and so long as there was a shadow of doubt. Is not that so?—There might be a compromise or modification made to meet your argument in this way:

medical practitioners might be compelled to communicate to the householder that it was a case of leprosy, and then let the householder be bound to notify it to the authorities. In that way you would shift the disagreeableness of the duty off the shoulders of the medical man, and you get perhaps virtually the same result. The medical practitioner would not then be making a personal notification to the authorities.

478. Does not the present method of procedure work well, and has it not given fairly satisfactory results ?—No. I remember in one of the district surgeon's reports seeing it stated that the field-cornets are afraid in some instances to notify cases of leprosy among Europeans, and there is no doubt in my mind, after reading the various reports, although of course not from actual personal experience, that cases of leprosy among Europeans are concealed in many parts of the Colony.

479. If they are afraid to notify in their capacity as Justices of the Peace and Field-Cornets, then it applies with greater force almost to medical men, because Justices of the Peace and Field-Cornets have not to rely for their living upon patients, whereas medical practitioners have to do so ?—The cases referred to are generally among their own families or relatives, or some connections by marriage.

480. *Dr. Edington.*] In this country medical practitioners are, to a very great extent, an educated body, and in many districts people have no idea of the danger of many diseases ; it rests very largely with the medical man to instruct them ; and if they are guided by him and follow his directions, very much may be done. Do you not think if you made medical practitioners practically returning agents, you might do away with the confidence people would otherwise place in them ; for what you gained in one way you would lose a great deal in another, would you not ?—At the commencement you might find a difficulty, but I do not think it would be so after the system had been in operation some little time. I feel sure these difficulties would be found to have been over-estimated.

481. *Dr. Herman.*] Are you able to give us any information at all with regard to the proportion of early or incipient cases of leprosy that come under treatment or are reported to the Government, and very advanced cases ?—I cannot give you any accurate information as to that. You would get it better on Robben Island. There is always a great difficulty with regard to leper patients in discovering exactly when the disease occurred, or even when the patients first noticed any symptoms themselves.

482. That is a practical difficulty with regard to diagnosis, is it not ?—Yes.

483. Is it becoming more difficult to diagnose leprosy ?—Yes ; but I think that is really because we are getting an earlier class of cases. All the grosser cases have been worked off, and we are only now coming upon the cases in regard to which there is some amount of doubt.

484. Is the proportion of doubtful cases growing. Taking the proportion of admitted cases, are you meeting with more doubtful cases than you met with three years ago ?—You cannot speak of proportions, because they are really so few altogether.

485. Has there been a considerable number of doubtful cases ?—Since the time I have been connected with the Colonial Office there may have been 20 or 25, that is in two and a half years. I can only speak approximately. You could not work out proportions on those figures. We get more cases now in which medical men themselves are doubtful, and in which they want a second opinion before they are perfectly certain. From that I imagine that we are getting cases under observation at an earlier stage of the disease.

486. *Dr. Edington.*] Would it be possible to get for the last year or two a statement showing the number of doubtful cases admitted, and the number of cases admitted and afterwards found to be non-leprous ?—I think the Under Colonial Secretary promised to supply that.

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487. *Chairman.*] Are there any reports bearing upon the question of vaccination in regard to leprosy?—You get them occasionally, I think. I believe one of the district surgeons mentioned a case in his report, but I know of absolutely no other case in this Colony where leprosy has been supposed to have been inoculated by vaccination, except that one mentioned by Dr. Impey.

488. *Dr. Dodds.*] Have you any suggestions to make with regard to the form of certificate now adopted?—I think medical men should be made to give their reasons for saying that a case is one of leprosy. It makes it much more easy to deal with at the head office, as by having the reasons given, it becomes to a certain extent possible to check the accuracy of the diagnosis set down.

Dr. *James Herbert Cox.*

Dr. James Herbert Cox examined.

489. *Chairman.*] You are Surgeon-in-charge of the Old Somerset Hospital?—Yes.

490. Was the Old Somerset Hospital used as a leper hospital or for mixed cases of chronic sick?—Some years ago it was used for lepers, but it is not now.

491. How many years is that ago?—Eight or nine years ago.

492. Are there any lepers there now?—Yes; there are three lepers there now.

493. Under what conditions have they been received?—Under certificates from the authorities outside the Hospital.

494. Do the authorities at the Old Somerset Hospital have anything to say in regard to confirming the diagnosis?—Yes.

495. What position is the medical officer placed in with regard to that point?—In every case the medical officer has to examine the patient, and if he has any doubt as to the case, a report has to be made to the Colonial Office.

496. Is that done previous to the patient being sent on to Robben Island?—Yes.

497. A patient may be detained at the Hospital by virtue of the power vested in its principal medical officer; is that so?—Yes; the surgeon in charge.

498. Is that to guard against error in diagnosis?—Yes.

499. Are there any special wards set apart for the lepers who may be detained at the Hospital, or have they to live with the chronic sick?—There are two separate wards with airing yards attached.

500. Then the Old Somerset Hospital is a receiving hospital at present for cases of leprosy in transit to the island, and the principal medical officer has the power of inspecting the certificates and calling for additional evidence if he deems it necessary?—The surgeon in charge of the Hospital sees the patients, and if he has any doubt as to the diagnosis being correct, a report is made to the Colonial Office, and the papers then go through the principal medical officer.

501. Are you aware of any errors having occurred during your time in sending on non-lepers to the island?—Yes.

502. Has that been comparatively recently?—Yes.

503. Were those cases sent on to the island?—No; they were returned to the district whence they came, after being kept under observation.

504. How would you propose to minimise such a source of risk to the liberty of the subject?—I should advise that a second certificate be given in all cases where possible, and treat it the same as in a case of lunacy.

505. That is, before the patient is sent away from his own home?—Yes.

506. *Dr. Edington.*] Have you had much experience with regard to leprosy?—No, very little.

507. Can you say definitely whether you think tubercular or

anæsthetic leprosy is most common in the Colony?—My experience has only been in the Hospital, taking one over a period of a little over four years, and it is only recently that I have seen all the cases that have gone over to the island; but my experience rather proves that the anæsthetic form seems to be more prevalent now than the tubercular. The tubercular was more prevalent previously.

508. Is there any disease in particular for which slight cases of leprosy are likely to be mistaken?—In several cases of leprosy I have found syphilitic trouble also, and in one or two cases syphilis has masked the leprosy. There was one case in particular, I forget the name of the patient, where I doubted the diagnosis, and detained him in the Hospital for some little time under syphilitic treatment. The syphilitic sores healed, and left the leprosy more prominent, and the patient was sent over to Robben Island.

509. Have you anything to suggest with reference to the reporting of leprous cases? Do you think the present system, where a report is made by the field-cornet, is a good one or otherwise?—So far as I know, I believe the Act has worked well in that respect.

510. Do you think, if it were made compulsory for medical practitioners to report cases, any advantage would be gained, or do you think the working of the Contagious Diseases Act would in any way be interfered with?—I do not think it would.

511. You would not be against medical men being made responsible for reporting cases of leprosy, would you?—No.

512. *Dr. Herman.*] What is the average length of the detention of a leper at the Old Somerset Hospital?—I could not tell you that without referring to my books.

513. Is it a matter of days or weeks?—Some patients have been there two months.

514. During that period are they under any treatment?—Yes; the general treatment given is for syphilis, where syphilitic symptoms seem prominent.

515. Have you found the treatment have any effect in cases of leprosy?—I have not tried any leprous treatment.

516. Are all the cases reported to the authorities before they go to the island, or only the doubtful ones?—Only the doubtful ones are reported.

517. Do I understand you to say that there are a good many doubtful cases?—Not many.

518. How many doubtful cases would occur say in a year?—That is difficult to say, because when the Act was first promulgated, when the lepers first began to come in, they were well-marked cases, picked up in the street and easily noticed by an outsider, but gradually the later cases have been more anæsthetic and less marked.

519. Cases of error in diagnosis have become more frequent lately, have they not?—Yes.

520. What are the particular causes that lead to error in diagnosis?—That I cannot say. Two cases recently came from British Bechuanaland, and it was syphilis which misled the surgeon up there.

521. What diseases have been mistaken for leprosy most frequently?—Syphilis, and sometimes psoriasis and eczema.

522. Have the cases of leprosy become more severe or less severe lately; are they more of an incipient variety?—Yes; recently the cases I have seen have not been so well marked as the early cases.

523. What would you suggest with reference to remedying the source of error in diagnosis; would you have simply an additional certificate?—I think I would have an additional certificate.

524. Would not you give the supposed leper any additional source of security by establishing an observation station?—That is done at present in the Old Somerset Hospital.

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525. What method do you employ there; who is responsible besides yourself for observing the cases?—I am there all day, and if there is any case in which I have any doubt, I report the matter to the Colonial Office, and then usually another medical officer attends and gives another certificate.

526. And upon that double certificate the patient is finally consigned to Robben Island or discharged?—Yes. The late Dr. Fisk was appointed to give a certificate, and I endorsed it if I agreed with him.

527. Are there any leprosy inspectors under the Act?—I suppose you would really call the doctors inspectors. In all cases of doubt a second medical man is called in.

528. Have the lepers in any instance demanded to be examined by any medical man of their own choice?—Yes; I think there was one case, at Wynberg or Claremont, in which a husband wished another medical man to give a certificate in connection with his wife. That is the only case that I know of.

529. We learned from Mr. De Smidt that a man sent over to Robben Island as a case of leprosy was suffering from bed-sores. Have you any knowledge of that case?—I do not remember it. There was a man who came to the Hospital with a large granulating wound on the elbow, and he was not sent over to the island, but he was discharged as not being a leper. He is still in the Hospital as a chronic sick.

530. Where was he discharged?—At the Old Somerset Hospital. He was going to be sent over to the island, but was pronounced to be non-leprous. I do not know the district he came from. He was detained for observation.

531. What method of examination do you rely upon mostly in order to determine whether a person is a leper or not; what symptoms do you take?—The appearance of the tubercle in the tubercular form and anæsthesia in the anæsthetic form; the situation of the wounds and the loss of members.

532. Have you found bacteriological investigation of any practical assistance?—Not in the Old Somerset Hospital.

533. [*Dr. Edington.*] Have you seen it used?—No.

534. [*Dr. Herman.*] Has there been any large mortality at the Old Somerset Hospital?—One patient died. He was transferred from the island to the Old Somerset Hospital; he objected to being on the island, I believe.

535. Then practically the Old Somerset Hospital is more than an *in transit* hospital: it is actually a leper institution, is it not?—That was an exceptional case.

536. Is there any practical disadvantage to the other inmates of the Old Somerset Hospital if cases of leprosy are admitted there?—No, none under present circumstances; there would be certainly if there was any number of lepers there: there is accommodation only for a dozen at the most, six of each sex.

537. Have they a separate laundry and wash-houses?—The washing is done separately from the others.

538. Do the same warders attend them?—Yes.

539. [*Dr. Edington.*] In the washing of clothes is steam used or merely cold water?—No steam is used, but carbolic acid and disinfecting soap.

540. [*Dr. Greathead.*] Is there a separate kitchen?—No.

541. Are the eating and drinking vessels used by all the patients alike?—No, they are entirely separate.

542. [*Chairman.*] Is there any record of any of the attendants ever having contracted leprosy?—No. I have gone through the books and there is not a single case of any attendant having contracted leprosy.

543. Is there any record in the Old Somerset Hospital of any patient being discharged as cured?—No.

544. *Dr. Edington.*] In regard to the early cases where there was a difficulty in the diagnosis, was there any necessity for their being segregated

at that time, or could they be put under careful surveillance and reported upon. Would not the same object be gained?—I would not express an opinion.

545. *Dr. Dodds.*] Have any facts come to your knowledge as to the contagiousness of leprosy, using that phrase in a very wide sense? –I am not in a position to say. I have not studied the subject sufficiently, but there does seem to be some communicability of the disease.

546. *Dr. Herman.*] At what times do you think there would be communicability?—I do not know.

547. *Dr. Edington.*] Would broken sores be more dangerous than the anæsthetic variety of leprosy?—Direct contagion, I suppose, would be.

548. *Dr. Herman.*] Are you in favour of universal segregation as applied to this Colony, modified segregation, so to speak, or the abandonment of all such like restriction?—I am certainly not in favour of abandoning all restrictions.

549. *Dr. Dodds.*] Would you modify the present system of segregation?—The answer to that would depend upon whether leprosy is contagious or not. If leprosy is contagious, I would certainly not modify it.

550. Do you feel prepared to say in what direction it should be modified?—No. I am not satisfied in my own mind as to the nature of the disease so as to give any definite answer to the question.

551. *Chairman.*] As far as the present Segregation Act is concerned, has it come to your notice that the relatives of those in very advanced stages of leprosy object to their being removed?—No, they agree with it.

552. You would practically agree with the Segregation Act?—Yes; the Act has worked wonderfully smoothly. There are several cases I have met with in connection with the Free Dispensary, in which parents have hidden their children so as to prevent their being segregated, but I think as a general rule the relatives and friends of lepers are anxious to get them provided for.

553. *Dr. Dodds.*] Do all the cases of leprosy pass through the Old Somerset Hospital?—They do practically now; they did not, but even now, if a leper comes from up country by the morning train, in time to catch the boat, I make a point of seeing him before he is sent over to Robben Island.

554. Now the patients have all the advantage of passing through the gauntlet of your examination?—Yes.

555. *Chairman.*] I understand that all cases, not only the doubtful ones, are certified by you?—Yes. It has occurred previously that a leper has come down by the train and gone straight over to the island.

556. *Dr Dodds.*] The case where a patient was suffering from bedsores possibly went on direct without your seeing it?—I do not remember the case.

557. Would it not be better if you gave a written certificate instead of simply noticing the doubtful ones, so that there would be a check in every case as to the patients having passed through the hospital?—Yes, that would not cause any trouble.

558. *Dr. Herman.*] I understand that Dr. Landsberg is the consulting surgeon at the Old Somerset Hospital; does he see the cases?—Yes; he sees any doubtful cases, and comes about twice a week to the hospital.

559. *Chairman.*] Have you had any opportunity of studying the question of heredity in regard to leprosy?—No. I know nothing of that.

560. *Dr. Dodds.*] From your knowledge of leprosy, do you think there is any objection to some cases being treated at home under certain restrictions?—No, not under restrictions.

561. Do you think those restrictions ought to be so very severe as practically to make it impossible for a person ordinarily well off to be treated at home?—It resolves itself into a question of contagion.

562. Had leprosy been very contagious, would it not have been recognized,

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from your experience?—My experience of the contagiousness of leprosy is only limited to my own practice in town at the Free Dispensary.

563. How many cases come under your knowledge at the Free Dispensary?—Many cases a few years ago.

564. Did you come to any conclusion, after enquiring into the cause, as to whether it was contagious or hereditary?—In the majority of cases I attended there was leprosy in the family.

565. In nearly all the cases there had been some previous leprosy?—Yes.

566. *Chairman.*] Did you find it difficult to trace the family history in any of the cases, or to get information from friends or relatives?—There is always a difficulty with the coloured population in that way in connection with the Free Dispensary work. It would not be the better class of people that I came across at all.

567. Do the coloured people object to give you any evidence?—No, not as far as they are able, but very few of them know their own age even.

568. Have you any impression in your own mind from your observations here, that leprosy affects in a greater degree mixed coloured people or the pure Kafir races?—From my experience in town, I should say the mixed coloured races.

569. The pure Kafir races and the whites are comparatively less affected as far as your experience goes?—Yes.

570. *Dr. Edington.*] Is there any agreement in that respect with tuberculosis?—Yes. I think I might say, from my experience, that the lower class, the mixed races, suffer more from tuberculosis than the thoroughbred races.

571. *Dr. Dodds.*] Of course there are far more of the lower mixed races than of the pure bred?—Yes, especially in the Free Dispensary work.

572. *Chairman.*] Have you attached any importance to the question of locality in regard to the case of leprosy you have seen. For instance are there any particular localities in Cape Town or the district in which a greater number of cases come from?—No.

573. *Dr. Dodds.*] Have you formed any opinion as to the connection of vaccination with leprosy?—No.

574. *Dr. Edington.*] From the cases you have seen, would you be inclined to surmise that patients coming to you in a leprous state have been associated with bad hygienic surroundings?—In many cases; I might say in the majority of cases.

575. Have you known of any case occurring among people who were fairly well off, and whose surroundings were in a satisfactory condition?—Yes.

576. Were they white subjects?—Yes; a white man.

577. Were you able to trace any history of that case?—I do not know the history of the man: he is on Robben Island, he only passed through the hospital.

578. Is that long since?—Not very long ago.

579. *Dr. Herman.*] Have you met with any cases of leprosy among convicts?—Yes. There are two or three lepers among the convicts.

580. Are they kept at the convict station?—No; they have been transferred to Robben Island.

581. Are they dealt with as convicts on Robben Island, or are they classed together with the other cases?—I do not know how they are classed.

582. How does it happen that convicts are sent down as lepers?—When they were first received, the leprosy had not shown itself, but it gradually developed and then they were certified. I think there are three altogether.

583. The cases did not occur at the convict station, did they?—No; they gradually developed there.

584. *Dr. Fismer.*] Are you aware that any cases have been discharged from Robben Island as non-leprous, although the patients were sent here as lepers?—Yes, I believe there are some cases.

585. Would they be discharged direct from the island or would they be referred to you?—Any cases that have been discharged would have been discharged from the island direct.

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586. *Dr. Dodds.*] Did not you and Dr. Fisk examine some doubtful cases that the Medical Board said were leprous?—I did not examine them. The only cases I remember discharging are those that I queried on their way through. There is a doubtful case now under consideration, that of two girls. Dr. Jane Waterston saw them and declared them to be lepers, and I think so too, and Dr. Landsberg is of the same opinion. They are now under observation.

587. *Dr. Edington.*] Have you had any experience of tuberculine in cases of leprosy?—I have had no experience of such treatment.

588. *Dr. Greathead.*] Where are those cases you refer to under observation?—They are on the island, they have not been sent over here yet.

589. *Dr. Herman.*] Are there certain cases of leprosy which you think might be allowed to remain at large without danger to the community?—Admitting that it is contagious I should say no.

590. Do you think that all cases ought to be equally segregated?—I think so, admitting that the disease is contagious.

591. *Dr. Edington.*] Even doubtful cases where there is no marked anæsthesia?—Yes, if it is contagious.

592. For what reason do you think there would be danger?—If it is contagious, it might be so from the sputum or the breath.

593. The germ of leprosy is not usually found in the sputum or the breath, is it?—I am not prepared to say whether it is contagious.

594. Might there be stages of leprosy where it would not be a matter of any great concern to the community if the patient were allowed to be at liberty?—I do not know.

Cape Town, 8th February, 1894.

PRESENT:

Dr. Murray, (Chairman).

Dr. Herman,	Dr. Edington,
,, Fismer,	,, Dodds.
,, Greathead,	

Dr. A. J. J. Simons examined.

Dr. *A. J. J. Simons.*

595. *Chairman.*] You are a medical practitioner in Cape Town?—I am.

596. And formerly you practised in Malmesbury did you not?—Yes, for 32 years.

597. Have you met with many cases of leprosy in this Colony during your practice?—Yes a good many.

598. Have you had some practical experience both as regards the observation and treatment of the disease?—Yes but not so much in regard to the treatment. When you are called in to a case of leprosy, you will be in attendance for some time, but when it is found out that no improvement takes place, your attendance as a rule will end.

599. Can you state how many cases of leprosy have actually come under your own professional treatment?—I cannot exactly state. I think about eighteen, mostly among coloured people.

600. Have all those cases been in the one district?—Yes.

601. Have you reason to believe that the number of cases has increased

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or decreased in the district?—I should say that the cases have increased to a slight extent.

602. Among what class of the population do the cases mostly occur?—Mostly amongst the coloured people.

603. Are they the mixed race or the pure bred race?—There are no Kafirs in that part of the country.

604. *Dr. Herman.*] How would you class them?—Bastard Hottentots I should say; people from the mission stations and so on.

605. *Chairman.*] Have there been any cases affecting the white class?—Yes.

606. Will you say how many?—About five or six.

607. Were all those cases in one family?—No. There were four in one family.

608. Are you of opinion that the disease is more prevalent among the the coloured races?—Decidedly.

609. Could you state what is the proportion, as far as your observation goes?—I should say that three fourths of the cases occur among the coloured people.

610. Are you of opinion that the disease is spreading or is it stationary in the Colony?—I do not know about the Colony generally, but it has increased in the Malmesbury district. You must bear in mind that there is great difficulty in tracing the coloured people. The white cases can be traced, and they occurred in families that had not been affected before.

611. You are of opinion that the disease is spreading in the district you speak of?—Yes, to a slight extent.

612. Could you give the Commission for their own information, the names of the families in which leprosy has been found?—One is the family of a farmer in the Malmesbury district. He is now dead, and this happened some 15 years ago. It originated with a coloured man on the farm.

613. *Dr. Herman.*] Was he a Hottentot?—A bastard Hottentot I believe.

614. Did he come from any mission station?—I cannot say; the man lived on the farm twenty years, I know that when I went to the farm, I said that the man had got leprosy, and I asked why they did not let him go. I discovered it before anyone else was affected. I do not know where he came from, and in those times one did not take particular notice of such cases. I often warned them on the farm, but they said he had been a servant there so long and he must remain. I afterwards found out that he was employed in butchering and other work. Then a little white girl (the farmer's daughter) about ten years of age got the disease..

615. *Chairman.*] Have you any record to show that the little girl came in contact with the man in any way?—I think it very probable that she may many times have done so in different ways.

616. *Dr. Herman.* What form of leprosy was it?—The tubercular form, or rather I should say the mixed form.

617. Had the man at the time you saw him any abrasion of surface or ulceration?—No breach of surface as far as I can remember. The man I know always kept out of sight when I visited the farm.

618. *Dr. Herman.*] Did you investigate the whole circumstances connected with the case?—Only when the girl became affected.

619. How long had the man been in the employ of the farmer before the girl became affected?—I should say 15 or 20 years; a long time. He was an old man.

620. How old was the girl?—Ten years. She was a white girl and a daughter of the farmer.

621. Was she European?—Yes, born in the Colony.

622. She had no coloured blood?—No, neither was there leprosy in the family in any way.

623. *Chairman.*] Do you know whether she is still alive?—No; she died long ago. She did not live very long; about three years I think.

624. *Dr. Herman.*] What form of leprosy did she get?—The mixed form.

625. *Dr. Dodds.*] Did she ever marry?—No. She died when she was about 13 years old.

626. *Dr. Herman.*] Did you make any special observation with reference to her case?—It began with ulcers on the leg and then on the toes.

627. Was there anything to lead you to determine in what way the leprous poison first gained entrance?—No; the leg got first affected.

628. Were there any prodromal symptoms at all?—Yes. at first I was called in for lassitude and other indistinct complaints.

629. How long before?—That was at the beginning.

630. Did you investigate the incubation period?—No. I only got suspicious when the face got affected and I detected an anæsthetic spot on one arm and leg.

631. *Dr. Edington.*] Do you think it was a case of infection?—Certainly it could not be otherwise, I knew the family perfectly well.

632. Was there no other leprosy in a district?—There were other cases also.

633. Was there any other way in which the girl might have got the disease except by contagion? –I do not think so.

634. *Dr. Herman.*] Were there many other people living on the farm? —Yes. It was a large family.

635. How many coloured people would there be?—Ten or twelve.

636. Was the child in the habit of playing with this man or sleeping in his bed?—No. He was a butcher and used to kill the animals, sheep and cattle, for the household. Of course it is impossible to say how these things happen. He might have given the child sweets out of his pocket; there are so many ways of contagion. I feel confident she could only have got the disease from that man. Then there was another coloured man on the farm, a wagon driver, who used to be great friends with the coloured leper.

637. How long afterwards did he get it?—About two or three years afterwards. After the child's death he became infected. The wagon driver, so the farmer himself told me, used to sit in the man's room, take his pipe out of his mouth and smoke it, drink out of his mug, and so on, and in that way he got the disease.

638. What form of leprosy did the wagon driver get?—The mixed form also.

639. Where did it affect him first of all?—In the feet I believe.

640. How long did he live?—He did not live very long; about three or four years I think, but I am not quite certain.

641. *Dr. Dodds.*] Did you take any full notes of these cases at the time or afterwards?—In those times there was so much work that there was no time left to take full notes.

642. *Dr. Greathead.*] Is your memory perfectly clear with regard to the matter?—Yes, so far as the main facts of the case are concerned.

643. *Dr. Edington.*] I understand that this wagon driver used to take food and drink out of the same vessels as the affected man, and also smoke his pipe occasionally?—Yes, so the farmers told me.

644. Do you remember whether the mouth was affected?—I not think so; as a rule the disease does not affect the mouth particularly.

645. You say that the feet were first affected?—Yes.

646. *Chairman.*] What was the next case in this group?—The next case was the farmer himself. I may say that he avoided his daughter's presence as he was greatly afraid of the disease. She was isolated and he never went in to see her. He used to go to town in his wagon with his wagon driver, and I suppose that he was infected through him.

647. What was the particular form of leprosy in the farmer's case?—It was also mixed.

648. I gather then that all these cases were mixed?—Yes.

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649. Were they exactly of the same type ?—Yes.

650. How long after the wagon driver did the farmer himself get the disease ?—I think he got it very shortly after the wagon driver showed decided symptoms.

651. In your opinion did he get it from the wagon driver ?—I think so. You must bear in mind that when farmers are on the road, the food and drink is generally handled by the servants ; they, the farmers, frequently take the reins or whip out of their driver's hands ; altogether there are many chances of contagion that way.

652. Was the farmer aware at the time that the wagon driver had the disease, or was it in an incipient condition ?—At that time it was incipient. It is impossible to say when the farmer got infected. The man was his driver for two or three years.

653. *Dr. Edington.*] When the farmer became infected, in what condition was the wagon driver ?—I cannot say, not knowing at what time the farmer got affected. He would not believe me when I said that the wagon driver was affected. At first the disease shows very little, then after some time the face begins to swell in spots and there is some fever, this subsides again and after a longer or shorter period an exacerbation occurs in a more pronounced form, after which the disease becomes fully developed. You very seldom see cases at the beginning, generally only when the disease is well marked.

654. *Dr. Dodds.*] If you saw a case at the beginning would you not be able to recognize the disease ?—You would not be able to say positively at first, and that makes one of the dangers of the disease.

655. *Chairman.*] Do you think the disease in the early stage is at all dangerous : is there any risk of contagion then ?—No one can tell. The way and the stage of the disease in which contagion takes place are at present still unknown.

656. You cannot say at what stage the disease is a source of danger ?–No.

657. Might the disease have been contracted through handling the reins if the farmer had any abrasion of the skin ?—It might have been contracted in that way.

658. *Dr. Edington.*] Do you lay stress on the fact that there was immediate contact through drinking utensils and so on ?—I take it that contact may reasonably be supposed to be one of the means of contagion.

659. *Dr. Herman.*] Could not you help us with the exact sequence of these cases so as to enable us to arrive at some conclusion as to how the infection was started and carried about. Could you say for instance, how far the leprosy was advanced in the wagon-driver before the farmer became affected ?—Before the farmer became affected you could see the symptoms of the disease in his wagon driver, but he would not believe it.

660. At that time, to your recollection, had the wagon driver any ulcerations ?—No, only the peculiar spots on the face. His feet showed the disease clearly.

661. How long was the wagon driver ill ?—He did not live longer than two years.

662. And the farmer ?—The farmer lived for a long time. He and the daughter died from the lungs being affected by the disease.

663. How long was the farmer ill ?—He was ill for six or seven years. Strange to say he got measles, contracted measles, and the attack was very severe and brought him to death's door ; when he recovered, the symptoms of leprosy had nearly all disappeared.

664. *Dr. Edington.*] But he still died of leprosy, did he not ?—Yes, but for six months you would not have said he was a leper. Before then the disease was well marked.

665. *Chairman.*] Did the leprosy temporarily disappear ?--Yes he appeared all right for a short time.

666. For how long before his death?—For six months after getting measles he appeared quite well, but he died a year afterwards of leprosy.

667. Did the disease rapidly recrudesce again?—Yes, very rapidly. The particulars you can ascertain from Dr. Laubser of Malmesbury, who attended him at that time.

668. *Dr. Herman.*] Were there any other cases?—Yes; there was a girl. She was no relation to either of the others.

669. Were the two coloured men you have mentioned related to each other?—No.

670. Was this girl you last spoke of coloured?—No; a white girl, a European. She came to the farm to attend to the farmer's daughter and nurse her.

671. *Chairman.*] Was she only a few months on the farm?—Yes.

672. When she came there was she healthy?—Yes, perfectly. Some time afterwards she married. I saw her five years after at a different place.

673. *Dr. Herman.*] Was there an interval of five years during which she was apparently healthy?—That I cannot say.

674. When you saw her five years afterwards, was she in a condition of advanced leprosy?—Not very advanced, in fact the disease was still more or less doubtful. She is living still.

675. Is she on Robben Island?—I do not think so; but I have not heard anything of her since I left Malmesbury two years ago.

676. Would you consider four years a long period for the incubation of the disease?—No. It might be as long as fifteen or twenty years.

677. *Chairman.*] With regard to this girl, was her family history quite clear?—Yes, there was no suspicion whatever of the disease in her family; that I am certain of.

678. *Dr. Herman.*] What form of leprosy did this girl have?—I think she got the tubercular form.

679. And you say she is still alive?—I believe so.

680. How long has she had leprosy now?—Not far from ten years.

681. *Dr. Edington.*] How is it she is still at large?—I cannot say, there was some doubt on the subject. Another medical man was consulted, but it turned out I was right

682. *Dr. Herman.*] You say she married?—Yes.

683. Did she have any family?—Yes.

684. Are any of the children leprous?—No I do not think so.

685. *Chairman.*] Are there any other cases you can mention?—There is the case of the farmer's niece, who is on Robben Island now.

686. Was she living on this farm?—No. She lived some distance away, but she visited at the farm frequently and spent the day there, and was generally intimate with the daughter.

687. I thought you told us the daughter was isolated?—Yes; but still these people did not make much of it. When she was confined to her bed it was different, and then the niece did not visit her.

688. How many were there on the farm?—A good many. There were five girls, but they were at boarding school. The boy was at home generally.

689. *Dr. Herman.*] Can you suggest any reason why certain individuals are apparently selected by a disease in that way?—No; you do not know the laws about the spreading of cancer or typhoid fever any more than you do about leprosy. You cannot say who will be affected in a family.

690. How old was the niece you spoke of?—When she got infected, she must have been 18 or 19 years of age.

691. How long after the death of the daughter did she become infected?—A long time; 12 or 14 years perhaps. She is now on Robben Island with two of her children. She lives in a small cottage there.

692. Are they leprous?—Yes. One of them is only about a year old,

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and you can already see the signs of incipient leprosy. She has had ten children I think altogether. Her husband is well.

693. Do you think a long period of incubation such as 12 or 14 years excludes the possibility of contagion?—No, certainly not; in fact I think it is more the rule than anything else.

694. *Dr. Edington.*] You take the case of those children to be exceptional, do you not?—Yes. My own impression is that if leprosy enters into a family there will be more cases of the disease in the first generation than there will be in a family in which it has existed for a long period. It is quite exceptional for a child of a year old to be infected.

695. I understand you to say that if there is a family where there is leprosy supposed to have come from a former family, the children of that family are not so liable to take it as the children of a family where it enters for the first time?—That is so I think. I think the disease may die out after some generations. It is only my own impression from what I have seen.

696. *Dr. Greathead.*] Do you believe in the hereditary nature of leprosy; is it communicable through the mother?—You can always explain heredity by contagion. I do not think that a child has ever been born a leper. You cannot prove heredity.

697. Did I understand you to say that the incubation period is about 15 years?—No. I did not say that. It may come at any time, but it is more likely to come after 10 or 15 years than after one year.

698. You have mentioned a case which appeared in one year?—Yes.

699. Does not that point more to heredity than contagion?—They dispute heredity nowadays altogether.

700. *Chairman.*] All those cases you have given us from Malmesbury have been more or less under your observation I understand. Are there any others in the district that you know of?—Yes.

701. What were the hygienic conditions in regard to soil, climate, and so on?—Very good.

702. You think there was nothing to favour the spread of the disease?—Just the contrary; the hygienic conditions were good, as they generally are on farms: pure water, good food, plenty of fruit, no overcrowding, and cleanliness.

703. *Dr. Edington.*] What was the character of the place in relation to meteorological conditions?—The farm is near a mountain, and an open healthy place.

704. Was it damp?—No, the dwelling house is on a hill.

705. *Dr. Herman.*] Has that focus of leprosy you have referred to completely died out?—We shall see in the future. It is a large family, as the man had many brothers, who have each large families; time will show whether some of them will become affected.

706. *Chairman.*] Are some of the family still living on the place?—Yes.

707. *Dr. Herman.*] Do you consider that farm the focus or origin of the disease?—No, the first case did not originate on the farm.

708. *Dr. Dodds.*] Was there anything in the surroundings to predispose to the attack?—I do not think so. I should say just the contrary.

709. *Chairman.*] Did they use much fish as an article of diet?—All farmers consume dried fish, generally for breakfast, but they do not use fish in bad condition.

710. Much of it?—No, not particularly.

711. *Dr. Edington.*] Do you believe in the *de novo* theory with regard to the disease?—As an exception, but as a rule I firmly believe that if the *true* history of all cases were known, contagion could nearly always be proved. I could always trace contagion in those cases of white people I have seen.

712. You cannot accept the *de novo* theory then?—No, I would be very sorry to accept it.

713. Do you think the disease is always contagious?—Yes, as far as my experience goes, I believe you can always trace the contagion.

714 *Dr. Greathead.*] Have you found isolated cases where you could say you could not possibly trace the disease to anything but *de novo?*—If you go by the evidence of the patients themselves, every case has originated *de novo*, but, as I said before, if the true history is known, it will be found that it can always be traced to contagion. It is impossible to trace the history of the coloured patients in most cases, but that does not imply that the disease has originated *de novo.*

715. *Chairman.*] What do you understand by the word "contagion"? —Contact in some way or another; the saliva for instance may be contagious, the discharge of the wounds, the perspiration perhaps. Nothing positive is known about it, I believe.

716. *Dr. Edington.*] The point we want to get at is this; Do you believe there is a particular something transmitted from the infected to the healthy individual, and that as a result of that transmission the disease arises?—I do.

717. Leaving the mode of contact out of the question, you believe there is contact of some kind, and that a particular something is transmitted which is the cause of the disease?—Exactly; and in such a way that everybody is not susceptible to the same extent.

718. You think that certain individuals are more or less immune?—Yes. I believe that a disturbance of the nervous equilibrium has a great influence on the susceptibility of catching a contagious disease, for instance if a person is afraid, he is more likely to be infected than one who is not afraid.

719. *Dr. Dodds.*] In the cases you have mentioned, was there anything to disturb or lower the general health of the patients?—Not that I know of.

720. *Chairman.*] The family you have mentioned was in perfect health as far as you are aware, till the leprous man came to live among them?—Yes, in ordinary health.

721. During the time he lived there, did anything happen to disturb the general health of the family?—I do not think so. When it was ascertained beyond doubt that the daughter suffered from leprosy, it naturally gave a shock to the whole family and disturbed their nervous balance to a greater or less degree.

722. There is not in all persons the same power of resistance to the disease, is there?—No.

723. *Dr. Herman.*] Is the mother living?—Yes, the mother is a woman who, in my opinion, could live with a leper all her life and never get the disease. She is alive still and perfectly healthy, she attended to the child and afterwards to her husband.

724. *Dr. Edington.*] What reason have you for making the statement that she could live with a leper all her life and never get the disease?—In the first place, she was not at all afraid of it. She attended both the husband and the daughter. Some people appear not to be susceptible.

725. You think they are more or less immune?—Yes.

726. *Chairman.*] Does the mother live on the farm?—Yes, as far as I know.

727. *Dr. Dodds.*] Is there anything in the appearance which would lead you to say that one person is more or less likely to contract leprosy than another?—I believe that strumous people and those of a lymphatic temperament, also those liable to erysipelas are more or less apt to get the disease, it is only a supposition on my part.

728. If you had a dozen people in a room, could you pick out any person more likely than another to get leprosy?—Only on the grounds I have just stated.

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729. *Dr. Edington.*] Have you ever seen leprosy and tuberculosis in any form existing in the same subject?—The symptoms in the cases where the lungs are affected, are in many respects the same, but the expectoration has not the glairy character of the ulcerations of leprosy.

730. Are the lungs affected?—Yes, with leprous tubercles, in anæsthetic leprosy.

731. *Dr. Greathead.*] Have you made any post mortem examination of lepers?—No; in private practice it cannot be done.

732. Have you examined any secretions for bacillus?—No, but I have seen the bacillus.

733. *Dr. Herman.*] Did the mother and father you have referred to have any children after the latter became leprous?—No, but they were people of a good age; the mother was about 44 at that time and the father over 50. The youngest child is about 22 years of age.

734. *Chairman.*] Do you know of any other cases that have occurred in the district?—Yes; a farmer adopted an orphan child, of whom he was particularly fond and used to make a constant companion of. The farmer became affected with leprosy, and the adopted child, now a married man with several children, is a confirmed leper. This occurred between Hopefield and Darling.

735. Was the farmer a white man?—Yes.

736. When did that case come under your observation?—Some ten years ago. The adopted son is on the island.

737. How came you to notice the disease in this group?—I was sent for by the mother-in-law to examine the man.

738. Was it the first case on this farm?—Yes.

738A. What age man was the farmer?—Between 60 and 70 when he died.

739. At the time you saw him, I mean?—I saw him frequently in the town. This is a good many years ago.

740. Were you able to ascertain any particulars about how he got the disease?—No. I could not ascertain.

741. And he adopted a child who became a leper?—Yes, very much later on he became a leper, when he was about 25 years of age.

742. How many years was it between the time that you first saw the child and when the leprosy developed itself?—I saw him for the first time when I examined him; he was a child when he came to live with the old farmer; the disease broke out after 20 years.

743. Did he live with the farmer for 20 years without showing any signs of disease?—No, he lived afterwards on his brother's farm.

744. At what age did the leprosy manifest itself in the adopted child?—When he was 25 or 26 years old, if not later. He was married at the time and had two children.

745. Were you able to pursue an investigation of that case of leprosy in the adopted child?—I have said that I saw him for the first time when he was a married man. He was willing to go to Robben Island, and I believe he is still alive.

746. Was there anything in the hygienic surroundings of these people that was defective, either as regards climate or soil or diet. Did they also live on salt fish occasionally?—Yes; they all eat fish in that district, but they have good fish there; they do not get spoilt fish. The soil is sandy and the water is not bad.

747. On these farms as a rule, is there overcrowding in the sleeping rooms?—Yes, in these parts there is more or less. They only have small rooms.

748. How do you think this adopted child got the leprosy?—Through contagion I think. It is not right to say that the disease arises *de novo* when you can trace contagion in a reasonable way.

749. You have mentioned in all eight cases, six in the first group, and two in the second. Are you of opinion that in the second group the causes were precisely similar and analagous to those in the first group as regards the causation of the disease?—Yes, I think so, but it is uncertain.

750. Is there any other group of disease in the district you can mention?—There is the case of a young man who is still on the island; a white man.

751. Where did he reside?—At Malmesbury.

752. At what time did he come under your notice; how old was he?—Nineteen.

753. Was he a leper at that time?—Yes; I sent him to the island.

754. Did he live with his family?—Yes, in the town.

755. Were any other members of the family lepers?—No; all healthy.

756. Are there any still living at Malmesbury?—Yes, I believe so, so far as I know. He was the eldest son.

757. Have you any evidence to show how he contracted the disease?—A gentleman farmer from Groenekloof came to use the baths at Malmesbury and took lodgings at the house of the young man's parents; he was an old man who had been suffering from a very severe form of psoriasis, which appears to have turned to leprosy afterwards and of which he died. The young man used to assist him in the bath and is said to have used the same water afterwards for himself; besides that, he attended the old gentleman in many ways.

758. Was there anything to prove that the elder man was a leper at the time?—You could get that from Dr. Chadwick, who attended him at the time. I doubt whether he considered it to be leprosy. The young man you can find on the island.

759. In this case were the climatic conditions, soil, good?—Yes, there was nothing else whatever so far as I know to bring on the disease.

760. *Dr. Dodds.*] Did the two men sleep together?—It was a roomy place, they may have slept in the same room but not in the same bed.

761. Still there were other opportunities of contagion if they were living in the same house besides bathing in the same water, were there not?—Yes, there were many chances of contagion.

762. *Chairman.*] Is there any other case?—There is, a case which goes far to prove heredity. The grandchild is on the island, the grandmother died of leprosy, the mother also, and two brothers of the mother as well four or five years ago. I sent the boy to the island, he is still there. I have not seen his uncles but I have seen his mother, and it is a very bad case of leprosy.

763. *Dr. Herman.*] How many children had the grandmother?—That I cannot say, but three, two sons and one daughter died of leprosy.

764. What form of leprosy was it?—Tubercular; among the coloured people it is mostly tubercular.

765. *Dr. Greathead.*] Did you know personally the brothers who died?—No, the sister told me that her two brothers died of the disease.

766. How long after the grandmother did the mother get leprosy?—12 or 14 years. There is another matter connected with this case. The woman acted as wet nurse in a certain family and the girl she suckled is living still. She is now about 16 years old and quite well. At that time the nurse did not show any signs of the disease.

767. How old was the child when it developed leprosy from its mother?—It was ten when I saw it first, but you only see these cases when they are fully developed. You must allow two or three years for the first symptoms to develope.

768. Do you know where the girl of 16 years of age is?—Yes, I do.

769. *Dr. Dodds.*] You say she has no signs of leprosy at present?—No. I saw her not so long ago; about a year.

770. *Chairman.*] Would you be able to visit her at any time and pronounce an opinion on the case?—Yes.

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771. *Dr. Herman.*] Leloir speaks of a possible incubation period of 40 years; are you of the same opinion?—Yes, it is possible, although it seems a little too long. I believe 20 years to be about the general limit.

772. You think twenty years within the bounds of scientific possibility? —Yes, because you cannot exclude fresh contagion in such cases. In 40 years time there is more chance for fresh contagion.

773. *Chairman.*] In that case of a child now 16 years old, you would only assume a case of contagiousness if she did develope leprosy, would you not?—Yes, from nursing.

774. Provided you could exclude all other conditions which arise during a lifetime, such as risks of fresh contagion, unhealthy surroundings and so forth?—Yes.

775. Even in a case of that sort it would be necessary to bear in mind other points which require exclusion, would it not?—Yes.

776. On what grounds would you favour a belief in such a lengthened incubation period as 20 years?—On the ground that the disease has been known to develope itself about that time, but it is not conclusively proved, I admit. Perhaps the tendency to the disease is always there but it is developed under peculiar circumstances of which we are totally ignorant; it is the same with cancer or tuberculosis, I believe.

777. *Dr. Edington.*] You admit that the disease has been there all the time in a latent form, awaiting certain conditions to develope, is that your opinion?—Yes, but I cannot prove it.

778. *Dr. Herman.*] Have you found instances to lead you to believe that leprosy develops itself at certain periods of life; take the case of a leper family, the father or mother being a leper; you do not mean to say that the children will get leprosy at two or three years of age?—Certainly not.

779. You mentioned just now the case of a child only one year old having leprosy, did you not?—That is an exception.

780. *Dr. Edington.*] Taking the whole period of life for a male and a female into consideration, can you say within certain limits what ages are most likely to be affected by leprosy?—The age of puberty is one.

781. Will you define that age?—Say between 14 and 20. Then after people have been married some years, my impression is that leprosy may develope itself. In one case I have mentioned, the man did not get leprosy before he had been married five or six years. There was nothing the matter with him before, and he married into a family where there was no leprosy.

782. *Dr. Herman.*] What do you mean by heredity?—Heredity you can never prove in leprosy unless a child is born a leper, in all other cases you can always explain it by contagion; but for practical purposes of society it is better to stick to the word "heredity," I would define it as a predisposition to certain disease in a family. That is what heredity comes to.

783. In your opinion is there heredity in regard to leprosy the same as in regard to syphilis?—Yes, but not to such an extent. I should say it has more analogy to tuberculosis or cancer.

784. You know what is meant by inherited syphilis?—Inherited syphilis attacks every descendant.

785. *Dr. Dodds.*] In one case you have the disease itself and in the other case it is only a tendency to the disease, and you say only the tendency is hereditary?—Yes. It is modified by circumstances.

786. *Dr. Edington.*] Admitting for the moment that leprosy is a bacterial disease, do you believe that the bacillus is inherited?—No, I do not believe that. But I believe there may be a state in which the bacillus is developed, which may be transmitted from parents to children.

787. The bacillus must always be a bacillus, and if the bacillus is carried over from the mother to the fœtus, we assume that later on leprosy will arise as a result of that; but you disbelieve the fact that the bacillus can be

carried over from the mother to the fœtus?—It may be manufactured so to say under favourable circumstances.

788. There is no such thing as the manufacture of the bacillus?—The expression was adopted on the spur of the moment.

789. *Chairman.*] I understand that you go back to the predisposition of the patient?—Yes. I do not see why there should not be conditions hitherto unknown tending to the development of the bacillus. Perhaps these conditions may be afterwards discovered.

790. *Dr. Edington.*] That theory has been exploded. It is possible to carry over the bacillus of tuberculosis, and unless some condition arises later by which it is destroyed or interfered with, tuberculosis will appear. Granting for the moment that the same thing applies to leprosy, leaving out of consideration for the time the period that might intervene, do you believe that it is possible for the active contagion to be carried over from the mother to the fœtus, or on the other hand, do you believe that there is a weakened condition of the tissues inherited, by which if exposed to infection at a later date, the patient will be more likely to take it than other people?—If it is a fact that the bacillus of tuberculosis is carried over, there are no reasons why the bacillus of leprosy should not be carried over in the same way. I was not aware of the fact.

791. The bacillus may be in a dormant condition, and when predisposition has been inherited, the patient being exposed to infection takes that infection. Certain families are more predisposed to infection than others. Do you believe that there is merely a predisposition inherited, or do you believe that the actual disease is carried over?—I cannot say; the fact is, it may be one way or the other, and I take a practical rather than a scientific view of the matter.

792. How about the very young children you mentioned who inherited leprosy?—That I consider an exception.

793. Were they infected after birth or were they born infected?—I cannot say. As they were not born with visible symptoms heredity cannot be absolutely proved.

794. Suppose those children had developed syphilis a short time after birth, would you have said that it was inherited or that there was a predisposition to it?—That it was inherited I should say.

795. Can you give us an equally strong statement with regard to leprosy?—No. Syphilis is quite a different thing, syphilis belongs to the acute diseases.

796. You cannot say from your experience whether leprosy is hereditary or not?—For all practical social purposes it is better to consider it to be hereditary, but it cannot be proved from a scientific point of view.

797. You do not know what it is that is inherited, but you are sure there is something that is hereditary, I understand?—Yes.

798. *Dr Herman.*] Are you aware of any other diseases which are transmitted from father to child?—Tuberculosis and cancer. What you find in leprosy you find in cancer and tuberculosis. It will sometimes pass over one generation, and you find grandchildren more affected than children.

799. Does that hold good for syphilis, which is a disease somewhat similar to leprosy?—I believe that leprosy is more akin to cancer and tuberculosis which are chronic. Syphilis is not a chronic disease: it belongs to the acute diseases.

800. *Dr. Dodds.*] Are there any other cases of leprosy you can mention?—I have two cases from Somerset East, not from my own observation but from the clergyman's, that are perfectly to be relied on.

801. *Dr. Fismer.*] Have you observed whether in part of the Malmesbury district along the coast there is more leprosy than inland?—There used to be more cases on the coast, but the coast is more thickly populated than the inland parts.

802. *Chairman.*] Have you ever known a case of leprosy dying out

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spontaneously or by medical treatment?—I have seen an improvement for some time by using eucalyptus oil, but I have not seen any case that I could call cured.

803. Have any cases come under you observation where the disease has ceased?—I remember a case where one foot was affected and considered by Dr. Biccard to be of a leprous character. Dr. Fismer, I believe, also knows about it. The disease was arrested and as far as I know has remained so.

804. Was the other foot affected also?—No.

805. Is it not exceptional in leprosy to find only one leg affected?—The fact of the disease being arrested is in itself exceptional.

806. Is that a case, should you say, where leprosy seems to be dying out of a family?—I should not wonder. It has been in the family for a long time.

807. Did you consider at the time the probability of its being tuberculous disease of the joint?—It was not that; the discharge was of a particularly glairy nature; besides, the face was slightly affected.

808. Is there anything the matter with his face now?—No; of course sometimes the disease is latent, and no one can positively say whether this man is cured or not.

809 *Dr. Edington.*] What is your opinion about the Segregation of lepers; are you in favour of compulsory segregation?—I have been investigating the matter lately, and find that in olden times lepers were only segregated to a certain extent, but well to do people, I believe, were allowed to remain at their own places or private asylums under strict supervision. I believe that is done at the present time in Norway where leprosy is said to be decreasing to a great extent. It is not right to segregate everybody. I do not think those who can afford to be thoroughly isolated at home or in private asylums should be forced to go to Robben Island.

810. *Dr. Greathead.*] You would be in favour of modifying the segregation Act for the better class of patients?—Yes.

811. Have you any plan drawn up in your own mind with reference to the management of such cases?—I think they might be allowed to remain at home or in private asylums, subject to strict supervision and periodical visits from the magistrate and district surgeon.

812. At what intervals would you suggest?—Every three months or so.

813. *Dr. Herman.*] You are strongly of opinion that leprosy is contagious, would you say highly contagious or moderately so?—Moderately.

814. And it is less contagious you say than syphilis or tuberculosis. Looking at the cases you have given us would you say you would only partially segregate lepers?—Yes, I would.

815. Notwithstanding the fact that in the first series of cases you mentioned, where a child was isolated, that child became a centre of disease. Would you still recommend the establishment of a series of foci such as that?—The child was not a focus of disease any more when she was isolated.

816. You think then there is comparatively little danger when the cases are known?—Yes, because people will be careful then.

817. Practically you think they can then be sufficiently separated to safeguard the community?—Yes, I believe so. It appears to have answered well in former times.

818. What regulations for segregation would you recommend in such cases?—I would have patients isolated, under strict rules.

819. Would you isolate them in their own homes or would you establish a series of leper institutions?—The latter would be far better in the long run, if it could be done, no doubt. I only adhere to the principle that it is proper for people who can afford it, to be isolated in their own homes or at private asylums.

820. Then would you have cases of leprosy among the better classes dotted over the Colony?—There would not be so many, and in course of

time there would be still fewer; they will afterwards prefer to go to private asylums rather than to remain at home and deprive their families from social intercourse.

821. Bearing in mind the evidence that has been given to the world by the Indian Leprosy Commission, do you still think the disease is contagious?—Yes, certainly.

822. Do you base your opinion upon the cases you have placed before us?—Yes.

823. Have you any other information bearing upon the question of contagion?—There is a good deal of information on this subject, but it is generally known that in the case of the Sandwich Islands, for instance, forty years ago there was not a case of leprosy there.

824. From your experience has vaccination anything to do with the spread of leprosy?—I have no experience in the matter; I only know of the case of Professor Gairdner of Glasgow.

825. When you first went to Malmesbury was leprosy then a frequent form of disease?—People were more afraid of it than they are now. There was an article in the newspaper one day which did a great deal of harm. A military doctor said that leprosy was not contagious at all. Leprosy has slowly increased since I first went to Malmesbury.

826. Was it common when you first went there?—Yes; there were several cases, especially on the coast, but I had nothing to do with it.

827. *Dr. Dodds.*] You think if people are led to consider it not contagious, they will grow careless and thus great harm might be done?—Certainly. I remember coming to a place called Izerfontein where there were several coloured lepers; the people ridiculed the idea of its being contagious, relying on the statement in the paper.

828. *Dr. Herman.*] What method would you adopt in order to discover cases of leprosy. How would you find them out sufficiently early to separate them and place them under treatment?—At the present time I should suggest that the field cornets should report to the magistrate the cases of leprosy in their respective field cornetcies.

829. Do you think the present regulations are sufficient to reach all cases of leprosy?—If properly adhered to they will reach most cases.

830. Are you in favour of making householders notify the fact of the existence of leprosy in the house?—They would not do it.

831. Do not you think they would do it if there was a penal clause attached to the law?—Perhaps, but they would probably only do so when the disease was far advanced; they could for a long time plead ignorance.

832. Would you make it incumbent upon medical practitioners to report cases of leprosy?—Certainly, and I would call in the assistance of clergymen.

833. What knowledge would clergymen have?—They often reach cases that no medical man can reach. In the course of their duties, whenever they met with a leper, they could report it.

834. Do you think medical men would be willing to notify cases of leprosy?—It should be made compulsory by law. I believe the Act of 1884 makes it compulsory.

835. Would you punish them if they did not do it?—Everybody is obliged to obey the law, or stand the consequences.

836. Do you think if medical men had to notify the occurrence of leprosy, their patients would leave them, and they would suffer?—If medical men are compelled by law simply to report cases, it would be a great injustice on the part of their patients to leave them; besides, any other practitioner would be obliged to act in the same way.

837. *Dr. Dodds.*] If individuals knew that they would not be forced to go to Robben Island, but might be treated under supervision, the inducement to conceal cases would be very much lessened, would it not?—Certainly. If segregation is too strict, it will never answer.

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838. *Chairman.*] You are in favour of modified segregation ?—Yes.

839. *Dr. Fismer.*] You would only have compulsory segregation for those who could not afford to be privately isolated ?—Yes.

840. *Dr. Edington.*] So long as an individual can be segregated according to some recognised law you would have him segregated in his own home or at some institution ?—Yes.

841. But where they cannot comply with the provisions of the law, you would say the law might step in, and you would then compulsorily remove lepers to Robben Island ?—To Robben Island or any other place where they could be properly isolated.

842. *Dr. Herman.*] I believe you have had a large practice among the lower class of people in the Malmesbury district ; you were district surgeon for a long period. Do you think it would be possible to segregate coloured people in the vicinity of their homes ?—It would be better to have them at a distance.

843. Then you would send the coloured people to Robben Island ?—Yes, or to any other institution. Perhaps one institution would be too little.

844. If you removed the coloured people, you think the white people should be treated in their own homes ?—If they desired it, of course subject to strict supervision.

845. Are you very much in favour of establishing local centres for segregating cases, say in the neighbourhood of the towns in the different divisions ?—There would not be so many required, one for the West and one for East would, I think, be quite sufficient.

846. What cases would you leave on their own farms ?—All lepers are not farmers. I would allow those who wish to do so to remain in their homes, provided they are strictly isolated.

847. What kind of supervision would you recommend in such cases ?—Periodical visits from the resident magistrate and district surgeon for instance ; the method of supervision could be determined on afterwards.

848. You think that would be sufficient ?—Yes.

849. Would it be necessary to have separate warders or nurses to look after the cases ?—If that could be done it would be a good thing.

850. *Dr. Dodds.*] You would draw up certain regulations in regard to eating, sleeping, and so on, and if these people had intelligence enough to follow out such regulations you would allow them to remain on their farms in certain cases or in small private institutions ?—Yes.

851. *Dr. Herman.*] From your experience are the people sufficiently alive to the importance of disinfection and isolation, and would they carry out the regulations ?—They will have to be so, or else suffer the consequences.

852. From your experience is it not a fact that anything like disinfection or isolation on farms has been an utter failure ?—I do not think it is so any more at present amongst the better classes. In one of the cases I mentioned the man had an outer room. Everything was kept separate and he was quite isolated. This might have been at that time an exceptional case.

853. You must remember that we have now a Segregation Act in actual working order ; would you recommend that the law should be put back and lepers be allowed to leave Robben Island and be segregated in there own homes ?—Those who could afford to do so, yes ; there would not be so many.

854. Would you be in favour of taking the lepers away from Robben Island and spreading them broadcast over the country and allowing them to live on their farms ?—No.

855. How many lepers are there on Robben Island ?—I do not know the exact number ; some few hundreds I believe.

856. If there were four farmers say from the Malmesbury district suffering from leprosy, would you allow them to go back to their farms and live there under supervision ?—Yes, as I believe that through the absence of society, and from the fact of their being avoided by everybody, they would

soon want to go to some private place. The law is at present very much evaded by white people. I know of two cases now that should be on Robben Island.

857. Will you mention the names? —No, that I cannot do.

858. Should you not as a medical man report such cases?—I would only report the cases that came under my own notice; I only know of these cases by report.

859. Did you not write to the papers saying that a medical man's position was a responsible one?—I cannot remember having written so but I think it is self evident.

860. *Dr. Dodds.*] You think it very important that the law should not be too stringent?—Yes.

861. And the modification you recommend would only apply to comparatively few cases, it would not apply to the great majority of people unable to take the necessary precautions, would it?—It would only apply to those who could afford the expense.

862. *Dr. Fismer.*] Would you draw a line between the white and black races?—No, if a European was not able to segregate himself sufficiently, there would be no alternative for him but to go to the public asylum.

863. If a coloured man could afford to segregate himself privately, would you allow him to do so?—Certainly.

864. *Dr. Greathead.*] You would spare no expense to isolate these cases at their own expense?—No reasonable and necessary expense.

865. But you would have stringent rules?—Yes.

866. With a penalty attached for any breach of the regulations?—Yes.

867. You would render them liable to be removed to Robben Island if the regulations were not complied with?—Yes, I suppose so.

868. *Chairman.*] Do you think such a provision would have an educational effect on the people of the Colony?—Certainly it would.

869. Do you think they would acquiesce in such an Act more cheerfully? —I suppose they would prefer those provisions to compulsory sequestration on the island.

870. *Dr. Herman.*] In the case of leprosy among the better classes; is it not a fact that such cases are never spoken of or known?—I am sure it is.

871. Is it not extremely difficult for medical men to get any information?—It is, and still more difficult to get reliable information; the evidence of the patient and even of the relatives is, as a rule, totally misleading.

872. *Dr. Greathead.*] Do you know of any cases of leprosy being imported from other countries?—No.

873. Not by Malays or Indians?—No, but it would be proper to be on the look out, as so many Indians now-a-days come to South Africa.

874. Do you know of any mistakes having been made in the diagnosis of cases that have been sent to Robben Island?—I believe there was one some years ago. It was the case of a boy, I think, but I do not remember the circumstances clearly.

875. Have you any suggestions to make with reference to having a probationary station for leprosy cases?—I certainly think it would be a good thing, especially for children.

876. Would you have a different place for suspected cases or would you put them all in the same category?—It would be very desirable to have a different place. It is a very difficult thing to declare a person a leper; especially at first. You must be perfectly sure of your diagnosis, which should at that stage be confirmed by another medical man.

877. Do you consider the present form of certificate satisfactory, or would you leave out that portion declaring the case to be injurious to the public health?—As soon as a person is declared to be a leper he is *ipso facto* to be considered dangerous to the public according to our present knowledge.

878. Would you leave it to the option of the medical man to say whether or not the leprosy was injurious?—According to our present knowledge, cases

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may be injurious at any stage; certifying that it is not so, would be, to say the least, injudicious.

879. Is it not better to leave out that portion of the certificate and not leave it to the discretion of the medical man?—I think that would be better.

880. You would let the medical man simply state whether it was a case of leprosy or not; you would not go further?—He should give his reasons from his own observation.

881. Would you advise the reasons being given for looking upon it as a case of leprosy?—Yes, the certificate might be the same as that of lunacy, a statement of facts observed by the medical man himself and facts observed by others. The great point to be insisted on is not to take the information from the patient himself or his relatives, but from other people, neighbours and so on.

882. *Dr. Herman.*] I believe you were examined before the Select Committee of the Legislative Council in 1889?—Yes.

883. I find that on that occasion, with reference to the question of segregation, you were asked what means you thought the public interest required for stamping out the disease, and your answer was "complete segregation"?—Since then I have altered my opinion.

884. For what reason?—I have since got more information about the matter from various papers. In Norway, for instance, they treat the disease successfully; it is a fact that it is gradually decreasing to a large extent, and there is no compulsory segregation, but, of course, isolation of the affected, showing that those very drastic measures are not required. I did not know this at that time.

885. *Dr. Dodds.*] Complete segregation is a mere name, is it not; you have not complete segregation at Robben Island?—No.

886. *Dr. Herman.*] Then you were asked: "Take the case of a respectable man, educated and intelligent, would you separate him from his wife and family and remove him from his home," and your answer was, "I am afraid there is no help for it. If you wish to stamp out the disease your measures must be thorough. Of course you should provide every comfort for the unfortunate people." It seems that you have altered your opinion now?—Yes, but at that time I honestly believed that it was the only way to stamp out the disease; there was then no reason to suppose that less stringent measures would have the same effect although more gradually.

887. Are you of opinion that Robben Island is a sufficiently large place for the purposes of a leper asylum?—The island is large enough and the accommodation is now a good deal better than it was before.

888. In your evidence, already reported, you said: "Robben Island, however, has many advantages. The lepers can be isolated completely. The island itself is dry, and the situation healthy. The lepers will have far more liberty than they could have on the mainland"?—So it is; but the proximity of the sea is considered not good for lepers.

889. Then you think that Robben Island is a bad place for the purposes of a large establishment?—I would not exactly say a bad place, but it is a place where there is room for improvement.

890. Would you recommend having the establishment on the mainland?—If it could be managed, it might be better in some respects.

891. *Dr. Dodds.*] Considering all the money that has been already spent on the institution, would you advise a fresh start to be made?—It would certainly be very expensive.

892. *Chairman.*] Especially in view of the fact that cases are gradually dying out in a natural way?—The cases gradually dying out are at present replaced by others in slightly increased quantity.

893. *Dr. Edington.*] If most of the white patients on Robben Island could be segregated at their own homes or in private asylums, would you

advocate leaving the island for the coloured population ?—There would then be more room and the patients could be made more comfortable.

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894. Under those circumstances, would it be an unsuitable place ?—No.

895. You think it would do well for that ?—Yes, as I said, with better accommodation.

896. Is there any reason why you should remove the coloured patients to the mainland ?—As I said before, the proximity of the sea is not considered suitable for lepers.

897. But you think it is an absolute hardship for educated white people to be kept on the island ?—Yes, of course it all depends whether they can afford to be taken care of privately.

898. *Dr. Herman.*] You are aware that it is exceedingly difficult to keep a husband from his wife and family; how would you propose to meet that case if you segregated leprous patients in their own homes; would you allow contact of the sexes ?—No, certainly not.

899. How would you prevent it?—It could be done. In the case of one man that I mentioned, he was married and had two or three children, but he was perfectly segregated in every respect. The only way would be to impose a penalty if the segregation was not strictly complied with; and they should be sent over to the island. The isolation at home will no doubt delay the extirpation of leprosy for some time, but you can only deal with the matter gradually.

900. Why should you wish to disturb the present machinery which works admirably ?—If it is true that it works admirably at present no one would wish to disturb present arrangements.

901. *Chairman.*] We have had evidence to show that the friends and relatives of white lepers patients are quite willing to let them go to the island, indeed they are glad often to get rid of them ?—I am pleased to hear that it is so, still I cannot help thinking that the great majority is of a different opinion.

Cape Town, Saturday, February 10th, 1894.
(At the Old Somerset Hospital).

PRESENT:

DR. MURRAY (*Chairman*).

Dr. Dodds, | Dr. Greathead,
Dr. Herman, | Dr. Edington.

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Dr. Cox further examined.

903. *Chairman.*] What are the forms you have in use at the Old Somerset Hospital in connection with leper patients?—I have them here (produced). *See Appendix.*

904. Do they apply in every case?—Yes. A patient came in this morning from Ceres, and those are the papers connected with the case (produced).

905. I suppose you can furnish us with copies ?—Yes.

906. Is a form sent in with every case?—Yes. There is a warrant, a medical certificate, and a certificate by a Justice of the Peace.

907. *Dr. Dodds.*] I notice that the warrant is not addressed to you, but to the Surgeon Superintendent of Robben Island; under those circumstances have you any right to detain a patient here; are you acting legally in doing so?—I cannot do so without the consent of the patient.

908. In writing ?—He cannot write. I only keep a patient here till the

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boat goes over to the island. The patient I refer to will be sent on on Monday morning.

909. *Chairman.*] I understand there is no form at present in use which authorizes you to detain a patient here temporarily?—No.

910. Do you keep copies of these forms?—No. The originals are sent over with the patient.

911. What record do you keep here with regard to a patient?—The name is entered in a book, whether male or female, colour, date of reception and of forwarding to the island, whether a prisoner or a lunatic, and so on.

912. Have you any column in which an entry is made of your reasons for detention?—There is a "remarks" column, if there is anything particular about a case. Suppose there was a violent south easter blowing, it would be cruelty to send a patient over, so we have to detain the case here till the next boat goes.

913. *Dr. Dodds.*] Have there been many cases of detention here, apart from the weather I mean?—Only in cases of doubt.

914. *Dr. Herman.*] Are doubtful cases kept here for an indefinite time?—As soon as I have any doubt, I communicate with the Colonial Office at once, and I am instructed how to proceed.

915. Are these doubtful cases kept under observation for a time in order to clear up any doubt?—Yes.

916. What is the longest period that doubtful cases have been kept under observation?—I will supply that information.

917. Is any attempt made during this time to isolate the doubtful cases from the other lepers?—Yes, as far as possible. There is a little room we use away from the leper ward.

918. Have they to mess with the other lepers and eat and drink out of the same utensils?—Practically they are not absolutely isolated from the rest of the lepers.

919. Do you think such an arrangement sufficiently satisfactory, or would you recommend that some other arrangement be made?—I think there might be some better means of isolating doubtful cases.

920. There have been some suspected cases which have afterwards turned out not to be leprous at all; is it within your knowledge that such persons have become infected through being brought into contact with the other lepers in any sort of way?—No.

921. Is there any record in this establishment at all of any healthy persons having been attacked with leprosy through being brought into contact with lepers?—No, none.

922. At one time was not the communication pretty free between the healthy and the diseased?—No; I believe in 1887 the lepers were transferred from here to Robben Island. At that time there were 12 or 13 female lepers kept here.

923. *Chairman.*] Before 1887 the inmates as it were lived together, did they not?—There were leper wards. Part of the institution was walled off for the female lepers.

924. I believe you have already stated that there is no record of any attendant contracting leprosy?—I know of none.

925. Have you searched the old records on the point?—We have none bearing on the point.

926. *Dr. Edington.*] Do you think suspected lepers are liable to infection during the time they are here?—Yes, they are exposed to infection to a certain extent, but the exposure begins before they come here. The railway authorities will not carry any leper except in the leper coach.

927. Is a merely suspected leper bound to travel in the leper coach?—It must be more than a suspected case, or the district surgeon would not sign a certificate.

928. But have not some certified cases turned out not to be leprous?—

We have here now two cases which came down from Vryburg with others. They were seen by me at the station, and I queried it being leprosy. They went over to the island with the rest, and were sent back by the doctor as non-leprous.

929. They had to travel all the way down in the leper coach in close contact with the other lepers; then they were sent over to the island and returned?—I sent them over so as to get a good diagnosis. They went and returned by the same boat and they have been here ever since.

930. Were they certified?—Yes.

931. *Dr. Dodds.*] Is the railway coach disinfected?—Yes, every time.

932. *Dr. Herman.*] Notwithstanding these facts, there is nothing to lead you to believe that anyone else has become infected?—Not that I am aware of.

933. How long have you been here?—I came here in 1889, four years ago.

934. *Dr. Dodds.*] When these doubtful cases come here, they have to live more or less among lepers, have they not?—No. If they are doubtful cases I separate them from the lepers.

935. *Dr. Greathead.* Have you any recollection of a patient named Catherine McDonald, from Graham's Town being here?—Yes. I have a record of her, she was a coloured woman from Albany, admitted on the 26th of February and removed on the 12th of May to the House of Correction by order of the Colonial Office. She was here nearly three months.

936. Was she found not to be a leper?—That does not appear. The letter from the Colonial Office dated May 10th is in the following terms:—

No. 8 $\frac{1364}{678.}$

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
10th May, 1893.

Patient Catherine McDonald, discharge of.

SIR.—With reference to your letter No. $\frac{46}{495}$ of 1st March last, I am directed to forward herewith a warrant issued by command of His Excellency the Governor under Section 1 of the Leprosy Repression Act, 1884, for the discharge of the patient Catherine McDonald from detention as a leper. This patient having been before certification as a leper, a prisoner under sentence, I am directed to instruct you, in accordance with the request of the Secretary of the Law Department, to cause her to be conveyed, on release from the Old Somerset Hospital, to the House of Correction, and delivered into the charge of the Matron. The documents relating to Catherine McDonald submitted by you are returned herewith, with the exception of the Descriptive Register, Return of Punishments and Original (criminal) Warrant, which were detached by the Secretary to the Law Department, and have been forwarded to the Resident Magistrate, Cape Town.

(Signed) HENRY DE SMIDT,
U.C.S.

The Surgeon in Charge,
Old Somerset Hospital.

I do not think she was affected with leprosy. There was only one day intervening between the time she came here and my writing to the Colonial Office.

937. What was your reason for thinking it was not a case of leprosy?—A report would be sent to the Colonial Office.

938. Do you remember the case?—I do not.

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939. *Dr. Dodds.*] Where was she living at the time she was here?—In a little room.

940. Did she have practically an opportunity of mixing with the lepers?—No.

941. Was she in solitary confinement then?—No; she could see the other patients, and there was the ground to walk about in. She could talk with the chronic sick patients.

942. *Chairman.*] And with the lepers also?—No.

943. Have they a separate ward?—Yes.

944. Where is this woman now?—She was sent up to the House of Correction on the authority contained in the Colonial Office letter. That is the last I know of her whereabouts.

945. *Dr. Edington.*] In cases where either here or on Robben Island the diagnosis of the certifying medical man is set aside, is there a full clinical report to the Colonial Secretary?—There is a report of the case sent in. The doctor states whether or not he thinks the person is a leper, and if not a leper, what he thinks the disease is.

946. On the authority of that statement, is the previous diagnosis set aside?—Certainly not here. I remove the patient from association with the other lepers and await instructions from the Colonial Office.

947. What is the Colonial Office supposed to do?—Sometimes cases have been sent down as leprous, which were really syphilitic. There the patient has been sent back to me and I have been instructed to treat the case for syphilis.

948. But is any detailed report sent to the Colonial Office of the reasons why a certain conclusion is arrived at?—No, not that I am aware of.

949. Do not you think it would be well in such cases to have schedules prepared which could be filled in in detail, giving a history of the case and all particulars, which might be useful for reference at a later date?—Yes, I think such schedules might be prepared, similar to those used in cases of lunacy. In cases of lunacy you have two medical men certifying and a report must be sent in within ten days of the patient being admitted.

950. *Dr. Herman.*] Do not you think it would make your opinion a little stronger if you were to say such schedules *must* be prepared; is it not exceedingly necessary?—I think it would be wise.

951. You admit the expediency but not the necessity?—In the majority of cases it is not necessary, but there are cases now and again cropping up where it would be better to have them.

952. *Chairman.*] Would it not be the means of safeguarding the liberty of the individual?—It would be only a change of form; I think the present system is a sufficient safeguard.

953. *Dr. Greathead.*] If this woman Catherine McDonald was certified the day after she came in not to be a leper, why was she kept six weeks over the time?—I do not know. I have not got the record here. Dr. Fisk certified in the case; she may have said she was suffering from syphilis or something else, and she should be detained here for treatment. Those particulars would be in the Colonial Office with the rest of the papers. The Governor is authorised, I believe, under section 1 of the Act to discharge a patient declared not to be a leper.

954. *Dr. Dodds.*] Any number of certificates may be signed, but a patient is not legally discharged till the warrant of the Governor comes; is that so?—Yes. That is the Governor's warrant for this woman's discharge (produced).

955. *Dr. Greathead.*] Is it not one great fault in the certificate, the absence of any mention of previous attacks?—That is so.

956. *Chairman.*] Can you suggest any other provision which would guard against unjust segregation, except the certificates you have mentioned?

—A second medical certificate and the sending in of a report within a certain period after admission.

957. Who should send in the report?—The medical officer who receives the patient.

958. Are you in favour of a probationary station for observing cases?—Yes, a receiving-house, as it were, with accommodation for detaining patients, and with observation wards in connection with it.

959. *Dr. Edington*] In cases where the Governor's warrant discharges a patient, more especially in doubtful cases, would it not be well, say for a year or two, for such patient to be kept under Government supervision?—Yes, it would.

960. Then at any particular moment you could find out where the patient was, and if necessary call for a report?—Yes.

961. *Chairman.*] In order to guard against anything like unjust segregation, how long would you limit the period of observation to before a decision was arrived at?—Three months would be ample time I think.

962. Would that be sufficient in all cases?—Yes.

963. Would you propose that every case should be detained for three months?—That should be the longest time that a case should be detained before a decision was arrived at; I would say not exceeding three months. In case a patient was willing to remain in the institution, I would give the Government power to allow such patient to remain longer if necessary. The woman who has been referred to was perfectly willing to remain here as long as we liked to keep her. There was some doubt about the patches, and so she remained here longer than she need have done.

964. What authority would you consider sufficient to sit as judge in cases where a patient was taken into a receiving house for observation; would you be in favour of the officials of the establishment only sitting, or would you establish a Board of reference, before which each case should come?—I would be in favor of a Board rather myself, because in cases where the disease is not well marked, it is a responsibility on one man to certify.

965. Would you be inclined to have the onus and responsibility thrown on a Board of deciding upon doubtful cases?—Yes.

966. *Dr. Herman.*] Is it not in your knowledge that there are certain periods in the occurence of leprosy when the disease seems to be stationary and perhaps even entirely hidden; would the three months period of observation include that period, or how would you propose to meet that difficulty?—My experience of leprosy is so very small that I hardly like to give an opinion; I have seen cases where the disease seemed to be arrested for a time, and then it became worse later on. In mentioning three months, I would not like to think that three months would cover everything. I said three months, because in doubtful cases it is unkind to keep a patient shut up for a longer period.

967. Do you think that suspects ought to be kept under control or under supervision, not doubtful cases, but suspected cases, would you segregate those likewise?—I do not know; I only deal with cases that have been certified by a medical man.

968. That is one of the points we have to deal with, and we are required to examine upon it, as to whether suspected cases should be placed under any different supervision or segregation?—I would say different supervision, not segregation.

969. What time would you suggest?—They should report themselves to a medical officer at certain periods.

970. *Dr. Edington.*] You would put them on the same footing as you might put a discharged patient, under Government supervision?—Under observation.

971. Should they report themselves to the district surgeon?—Yes.

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972. *Dr. Herman.*] Would you include in those suspected cases the leper's family and connections?—I think not; simply the patient himself.

973. *Dr. Edington.*] You said just now that you had seen cases arrested and then become worse again later on?—Yes. I cannot give the particulars. I have one or two cases in my mind where a patient, before the Act came into operation, seemed to be losing the disease, and then later on it came out with more virulence.

974. Have you ever seen any cases where according to your opinion the disease had absolutely died out?—No, I have not.

975. *Dr. Herman.*] Have you seen any cases of acute leprosy in the early stage; fever with eruptions, and so on?—No.

976. Your experience of leprosy is simply derived from the more chronic and stationary form of the disease?—Yes.

977. Do you think that the clinical knowledge of leprosy is so perfect that one can be absolutely conclusive in every instance as to the diagnosis?—I do not.

978. You think that for practical purposes there are simply certain broad general symptoms to be recognized for the purposes of diagnosis?—Yes.

979. Do you think it is wise for the purposes of the Act to leave the recognition of these symptoms and their import to individual medical men, who certify as to the existence or the non-existence of leprosy?—In the first stage I think so.

980. Would it not be wiser to adopt the method in vogue in the middle ages, when it was necessary to enquire as to every individual symptom, and make a report thereon?—It is proposed that these particulars should come into the schedule.

981. I understood that you only agreed to drawing up a certificate upon the lines of the Lunacy Act, which would require simply one or two points. What I mean is a report which would state, for instance, that a person has no eyebrows or no hair, or has a rough voice, anæsthetic patches, and so on?—Those details might be given.

982. *Dr. Edington.*] Should not the schedule be something after the model adopted by Life Insurance Companies?—Yes; it would be of great use later on in framing statistics.

983. *Dr. Dodds.*] It would be filled in by a medical man, would it not?—Yes.

984. *Dr. Edington.*] What class of cases have you most difficulty in diagnosing, tubercular or anæsthetic?—Anæsthetic. There are one or two cases of early tubercular leprosy at present which are very difficult to diagnose.

985. Have you ever found microscopical investigation of any assistance?—I have not used the microscope in regard to leprosy.

986. *Chairman.*] You have given us some evidence about segregation; are you in favour of segregation as regards leprosy in its advanced stage, or do you draw any distinction?—If leprosy is contagious, then I say certainly segregate.

987. *Dr. Edington.*] I take it that you as a physician in charge of cases of leprosy for some time are in a position to form a definite opinion and not merely to surmise. Cannot you state definitely whether segregation should be applied to advanced cases of leprosy or not?—Certainly.

988. *Chairman.*] You have told us with regard to suspects, that it would be a good thing to have them under observation, even if they were not detained anywhere, and let them report themselves. Do you think that would act as a modification of segregation generally?—One question which the Commission wish to obtain evidence upon is this, whether any other means than segregation exists which may be safely trusted to contribute to or accomplish the same result. If you are not in favour of segregation, is there any other method you can suggest?—With regard to keeping patients under observation, I spoke of suspected, not certified lepers.

989. You must be either in favour of segregation or not in the case of certified lepers?—If leprosy is contagious, I am in favour of segregation

990. *Dr. Dodds.*] Have you arrived at any opinion as to the advisability of the experiment of segregation being gone on with?—Yes.

991. *Dr. Greathead.*] Would you like to see all the lepers on Robben Island set free on the mainland?—Personally I should not. My knowledge of leprosy is not sufficient to warrant my giving an opinion with regard to to the contagiousness of leprosy.

992. *Dr. Dodds.*] Do you think the experiment of segregation should be continued or dropped?—I believe in continuing the experiment of segregation.

993. Without being able to speak positively as to whether leprosy is contagious or not, you think the experiment of segregation ought to be continued in this Colony?—Yes, I think so.

994. *Dr. Edington.*] Suppose it was decided to disband the leper establishment and let the patients go on to the mainland, would you apprehend any danger to the puplic health from such an act?—I do not know enough about the disease to say.

995. What would you do if it rested entirely with yourself?—I think I should be prepared to continue the experiment a little longer.

996. Would you modify it in any way or would you have absolute segregation?—I would have absolute segregation.

997. Would you go to the extent of segregating suspects?—Not suspects.

998. Would you keep under surveillance cases where there was very slight evidence of disease?—I would not like to answer that. I do not know enough about the communicability of the disease.

999. *Dr. Dodds.*] Is there any other mode of treatment of such cases you would recommend?—I cannot think of anything.

1000. I suppose a Board would be useful in deciding on doubtful cases, and cases that might wish to be discharged?—Yes, I think so. It need not be a large Board; a small one would answer the purpose.

1001. I suppose only comparatively few cases would come before the Board?—Yes.

1002. *Chairman.*] Although you have expressed an opinion in favour of carrying on the present condition of things, would you be in favour of allowing lepers only slightly infected with the disease at large upon certain conditions?—I do not know.

1003. *Dr. Dodds.*] Suppose a man possessed the means and intelligence to obey any regulations it was thought wise to make, would you not in such a case think he might be allowed to remain at home?—That is allowed under the present Act. There is a case of a man who asked to be allowed to remain on his farm, and he was allowed to do so under certain restrictions.

1004. *Chairman.*] How is the washing done at the Old Somerset Hospital, so far as the lepers are concerned?—Their clothes are washed after the other clothes.

1005. Are they first soaked in a solution?—Yes, a solution of carbolic acid.

1006. *Dr. Edington.*] What is the strength of the solution?—About 40 ounces of carbolic to 20 gallons of water.

1007. That is to prevent any contagion?—Yes.

1008. *Chairman.*] After the washing is done, is the tank scrubbed out?—Yes.

1009. With any disinfectant?—No.

1010. Where are the lepers' clothes dried?—In the leper yard.

1011. *Dr. Herman.*] Who wash the lepers' clothing?—The chronic sick patients and the attendants.

1012. *Dr. Greathead.*] Do you think the arrangements for isolation might be better than they are at present here?—Yes.

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1013. *Dr. Herman.*] Would it not be better to use steam to disinfect the clothing?—Yes, it would.

1014. *Chairman.*] Are you in favour of the Old Somerset Hospital being used as a probationary or receiving house for lepers?—No; I would keep the lepers out of here entirely.

1015. On what grounds; is the place too full?—I think it should be kept for the chronic sick only; there is not room enough.

1016. *Dr. Herman.*] Are the patients generally amenable to treatment and management?—Yes.

1017. Would you advocate any increase in the stringency of the regulations or the passing of any special laws for the punishment of offences?—I see no necessity for that.

1018. Have you had any difficulty in finding attendants? -No.

1019. Have you had any special attendants for the lepers lately?—No.

1020. Who takes charge of the utensils used for culinary purposes?—The warder.

1021. Might he not mix up those used by the lepers with the others?—No, they are all marked.

1022. *Dr. Edington.*] Is there no possibility of the plates, cups, spoons, and so on getting mixed?—No. The diet is very simple and there is very little chance of it; for breakfast the lepers have one coffeepot, and the bread is carried down by the attendants, or they see it is done. So many loaves are placed in the ward at dinner time, a tray goes up for the meat and a bucket for the soup, and so on.

1023. Can you send us a copy of the diet scale?—Yes.

1024. *Dr. Dodds.*] You think it would be better to separate the lepers altogether?—Yes.

1025. Say an attendant was to handle a coffee pot which had been used by a leper having sores, might not the attendant get infected?—Yes, it is possible.

1026. *Dr. Herman.*] What arrangements are there for the lepers having baths?—There is no proper accommodation for bathing.

1027. What sanitary arrangements are there?—The bucket system.

1028. How often do the lepers get a bath?—It just depends upon how long they are here. They are washed at once when they come, and if their clothes are dirty they are destroyed, and we give them fresh clothing.

1029. *Dr. Edington.*] Could not you adopt the dry earth system here?—In the ordinary wards there is the drainage system, but there is no objection to dry earth closets.

1030. *Dr. Herman.*] Do the lepers have a bath daily?—No.

1031. Is that, do you consider, a very great privation?—They are only here for a short time, and these people are not as a rule given to cleanliness. I might say that so far as the lepers are concerned, the whole of the accommodation here is unsuitable as a probationary leper institution.

1032. *Chairman.*] What cases have you at the present time in the institution?—There are the following:—Koos Kap, admitted 30th December, 1893; no papers; all on one certificate held by Robben Island. Queried by me on going over to Robben Island and returned by Dr. Todd. From Vryburg; discharged as leper; treated as a chronic sick. Majalinqunu, the same. Jonas Minapoer, admitted 23rd November, 1893. Certificates in order. Also seen by Dr. Todd, who agrees that he is a doubtful case. Willie, admitted 15th December as chronic sick, since certified to by Dr. Landsberg. Awaiting warrant. Seducanel, admitted 29th January, 1894, from Vryburg. Certificate and warrant here. Case doubtful. Has been awaiting certificate. Isaac, admitted 1st February, 1894. Willing to be removed. Awaiting warrant, &c. Will be forwarded when it arrives. Frederick Titus, admitted 10th February with warrant in order. Will be forwarded on Monday, February 12th, to Robben Island.

Cape Town, Tuesday, February 13th, 1894.

PRESENT:

Dr. MURRAY (Chairman).

Dr. Dodds,	Dr. Herman,
,, Fismer,	,, Greathead,
,, Edington.	,, Hoffman,

Dr. S. P. Impey examined.

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1033. *Chairman.*] What is your official title?—I am Chief and Medical Superintendent on Robben Island.

1034. How long have you held that appointment?—I was Chief from the 6th of May, 1891, to the 4th of September in the same year. I then held the appointment permanently from the 22nd of December, 1891, up to the present date.

1035. Robben Island is at present in use as a leper establishment, is it not?—Yes.

1036. Have you had personal knowledge of the disease known as leprosy?—Yes.

1037. Had you any knowledge of the disease previous to taking up your present appointment?—Yes.

1038. In what way have you had practical observation; as district surgeon?—Yes.

1039. In what part of the country?—Aliwal North.

1040. Did you see leprosy there?—Yes.

1041. Among the natives?—Yes.

1042. And among the white people also?—Not among the white people.

1043. Have you made a study of the disease?—Yes.

1044. From what aspects have you approached the study of the disease?—From various aspects, clinical, pathological, and bacteriological.

1045. Have you gone into the statistical question also?—Yes.

1046. Could you give the Commission any definition of leprosy?—I would call it a disease due to a specific organism known as the lepra bacillus.

1047. Would you regard it as a disease *sui generis*?—Yes, quite.

1048. Have you seen a great number of cases?—Yes, a very large number.

1049. How many cases are there now on Robben Island?—At present there are 532.

1050. What forms of the disease are found there?—There are four forms—tubercular, anæsthetic, mixed, and a fourth form which I call syphilitic.

1051. You recognise a fourth form?—Yes.

1052. Are all those cases under your care and professional treatment?—Yes.

1053. Have they been classified, and results placed on record by you?—Yes.

1054. Will you tell the Commission what you understand by the word "contagion" as applied to leprosy?—A bacillus must be introduced into the recipient either by direct contact or by direct transmission of the bacillus. That is in contra-distinction to infection. Broadly, I would say any way in which the bacillus could be transmitted.

1055. Would you include in that the contact with clothing or food handled by lepers?—Yes; but I do not believe the bacillus could be transmitted through an unbroken surface.

1056. *Dr Herman.*] Will you define a little more clearly what you mean by contagion?—What I mean is, it need not be actual contact. For

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instance, the discharge from leprous patients may convey it through clothing or it may be conveyed from the handle of a knife or by tools. I am of opinion that the bacillus cannot be transmitted through the air; it must be carried by some object. There is a distinction between an infectious disease and a contagious disease.

1057. *Dr. Hoffman.*] You think it is not carried through the air?—No.

1058. *Dr. Herman.*] In your opinion, contagion is synonymous with communicable?—Yes.

1059. *Dr. Dodds.*] If there is a broken surface you would call it inoculation?—If it is done artificially.

1060. *Dr. Greathead.*] You would say it must be transmitted by direct contact through a broken surface?—Yes.

1061. *Chairman.*] Speaking generally, what do you mean by the term "contagion"?—I would say the propagation by the introduction of the specific poison through a broken surface of skin or mucous membrane, as it is defined by the Indian Leprosy Commission (journal of the Leprosy Investigation Committee No. 2., February, 1891).

1062. *Dr. Herman.*] Have you used the term always in the same sense?—Only in regard to leprosy. I have always understood contagion to be of different kinds.

1063. The term has been used in rather a loose way, has it not?—Yes. For practical purposes it may be taken to mean the spread of disease by contact.

1064. *Chairman.*] In what degree do you regard leprosy as contagious?—I do not consider it a very contagious disease.

1065. Could you give us any idea, speaking from your reports, of what percentage of cases arise from direct contact?—There are several facts which seem to point against the fact of its being a very contagious disease. We know that those persons who come in contact with lepers do occasionally contract the disease; but very few of them.

1066. Have you in your possession any records which support the view of contagion which you have expressed?—Yes, I have.

1067. Have you any cases now under observation at Robben Island or elsewhere which can be placed before the Commission as illustrations of this mode of the spread of the disease?—I think so. I have not got them here, but they are recorded.

1068. We have already had before us the evidence of Dr. Simons, who spoke of a Mrs— who is now on the island; is she still there?—Yes, and her niece aged 18 years; I have those cases.

1069. Are all the documents relative to those cases in your possession on the island?—All we can get, but the history of these cases is very unsatisfactory, you cannot depend upon it at all. The only way is to get the history from the medical men who attended the cases before.

1070. Can you place those documents at the disposal of the Commission?—Yes.

1071. Have any special instances come to your knowledge illustrating the spread of the disease by contagion, either to human beings or animals on the island?—Yes, in regard to human beings, not animals.

1072. Can you mention those instances?—I have mentioned a few in some of my reports on the Robben Island Asylum. At page 32 of my report for 1891 you will find a few cases mentioned, and since then I have had several others. I instanced these facts not to show the contagiousness of the disease so much as to show the period of incubation.

1073. *Dr. Dodds.*] Are those cases in proof of the contagiousnesss of leprosy?—Yes, although they were not quoted by me at all in that connection. H. H. (No. 20) states that in 1886 he worked with a man suffering from leprosy. They were both labourers and worked together for twelve months,

when they parted company. Two years after this, the first symptoms of leprosy were developed. His fingers became contracted, and he is now suffering from the anæsthetic form of the disease. I can give you full particulars of a number of cases.

1074. *Chairman.*] Have you the documents connected with those cases which can be placed at our disposal?—Yes; I can give you the histories and all the information.

1075. *Dr Edington.*] Do you remember a case of infection when Dr. Robertson was on the island?—Yes. The child of one of the workmen on the island used to fish with the lepers and a hook got into his finger. One of the lepers with ulcers on his hand got this hook out, and some time afterwards the child contracted the disease.

1076. Where did the disease first begin?—That I cannot tell you. It is stated in the report that he got anæsthetic leprosy and died, but since then I have found that he developed leprosy before he went to Robben Island at all.

1077. *Dr. Dodds.*] You think there is some doubt about this case?—Yes. With regard to all these cases it would be much better if you allowed me to make a special report upon them, as it is impossible for me to give now the complete history of each case.

1078. *Dr. Greathead.*] As a broad fact, I take it that you do believe in the contagiousness of the disease?—Yes.

1079. *Chairman.*] Is leprosy ever spread by any other means than contagion?—I think not.

1080. Only by contagion as you define it?—Yes, by direct contact.

1081. Can it be conveyed by handling food or by means of the secretions?—Yes, if the recipient has ulcers in his mouth.

1082. Have you any records of cases which would support the view which you now express?—There is abundant evidence to show that the disease is not easily contracted; what you may call negative evidence.

1083. Are there any people now living on Robben Island who have in your opinion acquired leprosy in any other way except by direct contagion?—There are very many cases which you cannot account for in any way at all, just because you do not know the full history of them.

1084. Would you be prepared to say that all cases are due to contagion except these negative groups?—I think if we only knew the complete history we should find that the disease was due to contagion only.

1085. If so, can you furnish us with information about them and have them for inspection at some future date?—Yes, as far as possible. I do not think it is possible for the disease to spread in any other way except through contagion in the way I have defined it.

1086. What conditions are most favourable for contagion to take effect?—First with regard to the patient himself, he must be in the ulcerated stage of the disease, and then the recipient must be in close contact with him, and be in a weak state of health and suffering from broken surfaces.

1087. *Dr. Edington.*] Do you consider if you were to attempt inoculation on an unbroken skin with true leprotic material it would in all cases be followed by the development of leprosy?—I do not think it would.

1088. What are your reasons?—I think the recipient must also be in a weak state. In a strong person the bacillus would not act.

1089. You mean that a person suffering from lowered vitality would be more liable to take the disease if infected?—Yes.

1090. Do you believe there is any special temperament which, other things being equal, would make an individual more liable to leprosy?—I cannot tell you.

1091. You are aware that in connection with tuberculosis and several other diseases there are certain appearances and peculiarities which enable one to say that such an individual would be liable to that particular disease; is it so with regard to leprosy in your experience?—It may be so.

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1092. In the case of malaria for instance, it is believed, is it not, that the infection does not arise so much from individual to individual as from certain peculiar endemic influences in the district?—Yes.

1093. That is to say you might get malaria by going to a district where white people had never before been?—Yes.

1094. Do you thing there is anything analagous in leprosy; some hidden peculiarity in a district from which people can get leprosy?—I think not, because lepers come from all over the country.

1095. You have probably read the report of the Indian Commission. They use in this connection the *de novo* origin. They do not mean spontaneous generation, but arising anew, so to speak, without immediate contact from individuals; you do not believe in that?—I do not. What I understand them to mean by the word *de novo* is, they think the germs are scattered through the air from previous cases.

1096. Have you anything to say definitely as to the conditions most favourable for the operation of contagion. It has been stated that after a period of famine, for instance, the disease is more pronounced. Have you anything to say as to that?—No. I have no evidence in support of that, but I have made a history of a number of cases which show that there was a remarkable increase of leprosy in the year 1882—a sudden increase. What it was due to I cannot tell.

1097. Were there any particular conditions, either meterological or otherwise?—No. I cannot find out the cause of it.

1098. *Dr. Herman.*] Where was this increase?—In the Colony.

1099. What statistics have you to guide you?—Just the history of the cases.

1100. All the cases are not brought to your notice, are they?—I have a number of cases of lepers who have exceeded a certain number of years, and I find a sudden increase in 1882. A number of cases started then.

1101. Can you rely on those statistics of leprosy; are not the statistics of leprosy exceedingly unreliable?—That may be so. At the same time the increase is curious. We have examined over 1100 cases and there is a sudden increase in the number from 1881 to 1882.

1102. *Dr. Dodds.*] Are the facts gathered from the patients themselves?—Yes. Each case is examined personally, and the history written down as far as possible. The increase was from 3 to 25 in the males and from 6 to 17 in the females.

1103. *Dr. Herman.*] How have you arrived at those statistics?—The history of each case resident on Robben Island is taken.

1104. Have you asked the year in which they became lepers?—Yes; each case separately.

1105. Does not this increase you refer to arise from the fact that the course of the disease would have eliminated the larger proportion of the earlier cases; the period of time that had elapsed would require all the cases for a particular year to have accumulated, so that you always find a year in which you have a large number of cases, are not such statistics, therefore, somewhat fallacious?—Perhaps so.

1106. *Dr. Edington.*] Are there details as to when these patients first noticed leprosy?—Yes.

1107. And does the same apply to all other years?—Yes.

1108. Therefore we may consider that in your opinion there is something in this particular fact which you have brought forward?—Yes.

1109. *Chairman.*] If a person had leprosy for a year or two without seeing it he might escape observation, might he not, and therefore that would be a source of error?—Yes; the table I refer to is in connection specially with cases which have exceeded 13 years.

1110. Another source of error might arise from the doubt as to whether you have reached all the lepers or even half the lepers in the Colony?—I do

not attach any importance to the table; I only mentioned the fact, and I would like to find out whether there is anything in it at all. There appears, however, to have been this sudden increase of leprosy.

1111. *Dr. Dodds.*] A few years before 1882 there might have been some special predisposing cause, might there not?—Yes, there must be some cause for the increase.

1112. *Dr. Greathead.*] Have you taken trouble to find out whether there was any change in the office here, or in the appointment of medical men throughout the country leading to the possibility of greater effort being made at that time to discover the disease?—The cases referred to have only lately been admitted. It was not the actual admissions in that year.

1113. Did you see many cases of leprosy when you were in practice at Aliwal North?—Not many; about half-a-dozen.

1114. Did you study the question of contagion before you went to Robben Island?—No.

1115. You speak of the bacillus lepræ as being the cause of the disease; have you discovered this bacillus yourself?—Yes, I have found it.

1116. Have you found any varieties?—Yes.

1117. Is the bacillus of the tubercular form of leprosy different from the bacillus of the anæsthetic form?—I cannot tell you. I have never been able to find the bacillus in the anæsthetic form at all. I have examined many cases in the tubercular form, and it is very easy to find it.

1118. You spoke of a syphilitic form of leprosy; how would you describe that; what are its peculiarities?—The appearance is very characteristic indeed; you have the ordinary forms:—the tubercular form, with swollen face, and the anæsthetic form, with anæsthetic paralysis and a smooth face. Then you have the syphilitic form, where the skin is attenuated and full of sores or scabs, the nose and lips are ulcerated and the whole face is generally a mass of sores. The hands may be amputated or not, but the great characteristic of this form of the disease is the perforating ulcers along the nerves.

1119. Do you find that only in the syphilitic form of the disease?—No.

1120. In the anæsthetic form do not you find that the patient gets blebs, and then ulceration along the course of the ulnar nerve?—I have not noticed that except in the syphilitic form. There is excruciating pain along the nerve, then a little knot forms on the surface, which gradually grows and then bursts, a little clear fluid escaping, after which the pain is over. That goes on till the patient is worn out with pain.

1121. Would you call that syphilitic leprosy or merely a case of leprosy modified by the syphilitic poison?—You can apply it in both ways. I call it the syphilitic form because the disease is so very characteristic.

1122. Is there any doubt about the bacillus?—I have not found the bacillus of the syphilitic form. I have not looked for it.

1123. In your report for 1891 you say males offer a more suitable nidus for the disease than females; is this so?—I only go by the figures, and there are more males than females affected.

1124. Has it ever struck you that males are more affected because they wander more away from home?—That has not struck me. I have not been able to account for it except in this way, that males are more liable to injury to the extremities, the hands and so on.

1125. Does their work render them more liable to get the disease?—Yes; as a matter of fact there are nearly twice as many males as females.

1126. You would hardly put that down as a special nidus, would you?—No.

1127. Are there any special conditions in the blood of the male?—I do not think so. According to my report I find that there are in the Colony 767,000 males, and 759,000 females, practically about the same, yet there are twice as many male as female lepers.

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1128. *Dr. Herman.*] With regard to the means by which contagion can spread, is there any evidence in favour of contagion spreading directly from eating and drinking from utensils used by lepers. I am not speaking of theoretical contagion, but has any evidence come to your own knowledge on Robben Island ?—I cannot say.

1129. Are there no records of such cases ?—No ; it is difficult to say exactly when contact arises.

1130. With reference to sleeping with lepers and wearing their clothes ; have you any evidence as to that ?—Yes ; we have cases of that.

1131. How many ?—Two or three.

1132. Have you any evidence of a leper becoming infected by sexual connection, cohabiting with a leper ?—No ; I cannot prove conclusively in which way contact arises.

1133. Are you aware whether the bacillus of leprosy has been discovered in the spermatic fluid, and whether the disease may be conveyed by sexual contact ?—I am not aware of it.

1134. Is there any evidence to prove that a leper husband has infected a healthy wife, or a leper wife has infected a healthy husband ?—We have evidence to prove that a wife has contracted the disease after her husband, and *vice versâ.*

1135. Is there any evidence to prove by what means the contagion passed from person to person ?—You cannot do that ; at least, I cannot.

1136. Have you any idea as to the likelihood of a healthy woman getting leprosy from a leper man ?—I think the figures go to show that it is slightly contagious ; that if a woman is healthy and strong, there is very little danger of infection.

1137. I take it that you know the facts elicited by the former Commission in 1889 with reference to the state of things on Robben Island at that period ?— Yes.

1138. Are you aware it is stated that at that time the leper women were in the habit of prostituting themselves ?—Yes.

1139. Do you know any facts which would go to prove that any healthy man on Robben Island has become infected from a leper woman ?—No; there is nothing to prove it at all. I think it is the other way round chiefly.

1140. It is within your knowledge that a healthy man has had connection with a leper woman ?—I think it is the other way round ; that healthy women have connection with leper men.

1141. Have you attempted to investigate that line of evidence at all ?—No.

1142. Could you furnish the Commission with any information on the subject ?—No.

1143. Knowing what we do of the analogy of syphilis, is it not extremely likely that leprosy would pass on that way from person to person ?—I don't think it is very likely.

1144. Upon what grounds is it not likely to spread in that way ?—My opinion is that the disease can only spread through broken surfaces.

1145. *Dr. Edington.*] Do you believe that the bacillus lepræ does occur in the spermatic fluid ?—I have not seen it.

1146. It is likely from what you know of other diseases, that it should occur there ?—I cannot say. They say it occurs in the glands, but I have not been able to discover it.

1147. If the bacillus occurred in the spermatic fluid, there would be more often than there is disease connected with the penis itself, would there not ?—Not necessarily the penis, but the testicles. There is a disease of the testicles.

1148. Is it particularly frequent ?—No.

1149. *Dr. Herman.*] Do ulcerated surfaces occur in the genital organs of the male or female ?—Very seldom. Sometimes there are tubercles on the penis.

1150. Is it not likely that if a leprous tubercle on the penis were brought into contact with a healthy vagina or a diseased vagina, leprosy would be likely to pass in that way?—I think so.

1151. And yet notwithstanding you have no such cases?—There is nothing on record to show definitely how contagion arises.

1152. Is it not a fact that a very large number of healthy persons at different periods have been brought into contact with affected lepers on Robben Island both by eating, sleeping, sexual contact, and so on?—Yes, not very many perhaps.

1153. Have you records of any cases where leprosy has spread from diseased persons to healthy persons on Robben Island?—No, none.

1154. You mentioned the case of a little boy, did you not?—That is the only case on the Island. That occurred long before my time.

1155. Then notwithstanding the intimate contact of healthy persons with lepers on Robben Island there is not a solitary case, in your recollection, or in the records of the island, I understand, which would enable you to state that the disease passed from diseased to healthy persons?—Quite so.

1156. You do not desire to qualify that in any way?—Not at all.

1157. You have given us certain favouring conditions which help the spread of leprosy by contact, are there any that you would include beyond those?—There are some more general ones.

1158. The general ones may be equally important. Are there any special circumstances such as defective sanitation, bad hygiene, bad water supply, damp soil, climate, poverty and so on, which would affect the spread of the disease; the Indian Leprosy Commission have specially reported that leprosy is a disease affecting the poorer classes; is that so in your opinion?—I think not. There are some very rich patients on the island, although the majority belong to the lower class.

1159. You think it does not affect the lower class specially?—No.

1160. Now is it assisted in your opinion by such circumstances as bad hygiene, or bad water and food?—What I think is this, take two persons, one belonging to the upper class and the other to the lower class, and allow them to come in contact with a leprous person under the same conditions, they would both be equally liable to the disease.

1161. In your experience, are any special discharges from a leprous patient particularly likely to carry contagion?—Certainly.

1162. Which are those?—Discharges from ulcers for instance.

1163. And discharges from the nose?—Yes; the nose or mouth, if they contain tuberculous matter.

1164. In your opinion can the disease be spread through the fæcal discharges?—Yes, it could be carried in that way.

1165. In the same way as in the case of typhoid or choleric discharges from the bowels?—Yes. The mucous membrane of the mouth contains a large number of bacilli.

1166. Is there evidence to prove that leprosy is spread in any other way except through contact?—There is no evidence to prove it.

1167. Do you know cases where persons or families are particularly susceptible to leprosy; say you had 100 persons, would they all alike under favourable conditions form a nidus for the development of the poison?—I believe so. They would not all necessarily become affected, but it would be a toss up which of them would.

1168. Have you any evidence to lay before the Commission as to any favouring circumstances in the individual?—There are some very curious facts with regard to that. I have them under the head of "predisposition." Out of 586 lepers on the island, for instance, only 45 are the children of leper parents. This, to my mind, proves that a large number of cases are not due to hereditary influence. Out of 923 children (of parents) on the island which the lepers have had, only 23 have become diseased.

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1169. In certain families the disease seems to lose itself, does it not?—Yes; it looks like it.

1170. Are you aware of certain individual families where the disease is specially likely to spread; in a certain family, for instance, there may be only one case, and you have no further cases, while in another family it spreads from one member to another in a most unaccountable way; after some time, is it not the case that certain families seem to become proof against leprosy?—I cannot exactly say that, but I do think that the children of lepers are less liable to contract the disease than the children of other parents.

1171. *Chairman*]. Have you any proof of that?—A very small percentage of the children of lepers have become diseased. Only seven per cent. of the children of lepers on the island.

1172. *Dr. Herman.*] If contact only is required to spread the disease, how do you account for it that there is not a larger proportion of lepers?—My opinion is that leprosy is not a very contagious disease, it requires specially favourable circumstances in order to be transmitted from a diseased to a healthy person; the recipient must be in a certain condition, that is to say, he must have sores and generally be in a weak state of health.

1173. Do you think an individual becomes less susceptible from the fact of his having inherited the strain?—I cannot tell you about that, but there are facts to prove that few children of lepers become diseased.

1174. Is the disease due to an inherited strain do you think?—I think not.

1175. Have you any facts to prove that leprosy has either originated or been spread through vaccination?—There were two cases on Robben Island they are both dead now, in which it was supposed the disease was contracted in that way. I only go by the histories.

1176. Do you think those histories as a rule are reliable?—I think not. That is why I am afraid of giving any figures, because I believe that the histories of cases on Robben Island are quite unreliable.

1177. Do you refer to the cases recorded by Dr. Daubler?—Yes.

1178. Did you see them yourself?—Yes.

1179. Do you arrive at your conclusion from the bare statements of the patients?—Yes.

1180. Was there any clinical evidence to support that view?—I saw the cases in a very advanced stage; according to the records I think Dr. Eyre took the cases.

1181. Can we have those records?—I have not got them here, but I will look them up.

1182. Has any attempt been made to lay authentic information before the profession with regard to those cases?—I know the histories were taken out by my former assistant.

1183. In your opinion these histories are thoroughly unreliable?—Yes. If I get a history of certain facts to-day from a patient, somebody else at another time may get facts quite different altogether.

1184. As to the origin of the disease do you mean?—As to everything; dates and everything else. Patients often try to conceal facts, and you cannot get at the truth.

1185. *Dr. Dodds.*] I suppose they would specially try to hide any evidence of contagion now?—Yes; my evidence is from facts; I only go by what I see.

1186. *Dr. Herman.*] Can you supply us with the names of the medical men who vaccinated the two individuals you have referred to?—I believe Dr. Murray and Dr. Silke.

1187. Why were not these cases investigated?—They have been pretty well discussed.

1188. Has famine any special effect on the spread of the disease?—

I think not, except in so far as it would tend to lower the constitution of those who came in contact with lepers.

1189. In your opinion, is there any danger of leprosy being spread by what I might call mediate contact, as for instance flies, mosquitos or other animals passing from patients to healthy persons?—I think flies might convey the disease. I cannot say definitely, but they might take the bacillus from a diseased to a healthy person.

1190. Do you find that flies are particularly happy in the neighbourhood of lepers?—Very much so indeed. Robben Island is very well supplied with flies, not only in the leper wards but elsewhere.

1191. Are there many mosquitos there?—Very few.

1192. Have you observed whether the disease has spread to animals, such as mice and rabbits?—There has been an absurd rumour about the rabbits and mice being diseased.

1193. Why would you call the rumour absurd; I see it is mentioned by a former superintendent or assistant superintendent on the island?—I know I have investigated the matter as far as birds are concerned. You find birds with diseased feet occasionally, but they are not leprous.

1194. What is the disease?—Inflammation, and from this the feet have dropped off.

1195. Is there any evidence to prove that there is any resting stage in the bacillus lepræ, or is the disease passed on direct?—I think it is direct from the diseased to the healthy.

1196. In what way would you explain the evidence of contact where persons have remained a long time healthy after contact?—I hardly know. I have seen cases quoted, but there must be some mistake. The incubation period is not nearly so long as stated in some of the cases.

1197. *Dr. Hoffman.*] You have quoted four different forms of leprosy; have you found any appreciable distinction in the bacillus of the different forms?—I have found the bacillus in the tubercular form, but not in any other.

1198. What is the earliest age at which you have on record any cases of contagion?—The youngest child on the island who has developed leprosy is about three years old. There is one doubtful case on the island; I am not sure whether it is leprous or not. That child is two years old.

1199. Is the bacillus lepræ readily cultivated; have you tried to cultivate it?—I cultivated and got the bacillus that you find in the tissues; whether it is the bacillus lepræ or not I do not know.

1200. Is it readily cultivated?—The bacillus I refer to is.

1201. Has it considerable tenacity of life; is it tough, and will it live long?—Yes.

1202. Have you any idea how long?—No, I cannot tell you. I have an idea that it will not live after it is dried; it dies then.

1203. Have you examined flies to see whether they carry the bacillus about?—I have, but I have not been able to find it.

1204. Have you examined the soil round about the leper asylum, to find the bacillus?—No.

1205. *Dr. Dodds.*] Is it your opinion that leprosy in every case has been the result of contagion?—Yes, I believe so.

1206. From your personal examination of cases, speaking roughly, in what proportion have you found satisfactory evidence of their being due to contagion?—Very few.

1207. Yet although you say you have only had proof of it in very few cases, you apply the result to the whole number of cases?—Yes.

1208. What is your reason for that?—All other cases can be negatived, so it comes down to contagion. The contagion is certain in some cases, so why not apply the cause to all.

1209. It is by process of reasoning, not by observation?—By observation

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as well. Observation proves that certain cases are undoubtedly due to contagion.

1210. A very small proportion?—A very small proportion only can be absolutely proved, but I believe every case is due to contagion. I argue that if a few cases are undoubtedly due to contagion, nothing else can be proved to be the cause, then it is probable that all the cases are due to contagion.

1211. You further limit the contagiousness to inoculation. Do not you consider in the case of a person very susceptible to disease it would be possible for the communicability to operate otherwise than by a broken surface?—I do not think so, or else we would have more cases of leprosy. I think we have to exclude all those things very rigidly in order to account for the very small number of lepers.

1212. There again, your opinion is based on reasoning, not on observation, is it not?—Yes.

1213. Can you say from your observation of the cases that they may not have been caused by contact, or have been the result of the communicability of the disease?—All my observations are based on facts elicited from the patients themselves. There is not a single case of contagion on the island which has come under my personal observation, so we must take the statements of the patients themselves and of the magistrates, which are very meagre.

1214. Are there any other instances of contagion, as for example smoking a tobacco pipe used by a leper?— I think if the person smoking the pipe had an abrasion or ulceration of the mouth, the infection might be carried in that way. My opinion is that the infection can be conveyed in any way in which the bacillus can reach a broken surface, and there is always the fear of a person having a broken surface. I know that if I had a broken surface I would not attend a leper. While my skin is sound, I consider that I am perfectly safe in the lepers' wards and I perform operations every day.

1215. Handling things touched by lepers, and eating and drinking out of the same utensils would prove a danger if there was a broken surface? —I think there is a danger.

1216. Would you consider there was a danger in contact even where you have no proof of a broken surface ?—Yes, but it requires a broken surface before the disease can infect. It would be wiser not to smoke a pipe or use the same utensils that a leper used. There might be very little danger, but it would be wiser not to do it, as you may have a sore.

1217. As regards close contact, is there any fear of getting leprosy by laundry operations, or by hawkers selling fruit and so on?—In connection with that, it is a very curious thing, and I brought it up in my report last year, that a very large number of cases on Robben Island are agricultural labourers, and I have an idea that the disease can be communicated through the spades, hoes, and other implements they use, if they have mutilated hands. Anyone working with such tools would be liable to contract the disease, I believe.

1218. Is there any danger from kissing?—Yes, I think so certainly; the mucous membrane of the mouth is crammed with bacilli.

1219. Is there any other way in which there is practically danger of contagion, say for instance by letters or newspapers handled by lepers? —I think practically there is not much danger, but there is a danger.

1220. Should one act on the possibility of there being such danger?—I think when the discharges are desiccated, the danger is practically over. As a rule there is a great deal of discharge on the sheets and pillow cases, and a person washing those things would be very liable to get the disease. Now the washing is done by the lepers themselves, so that there is no need for the same precaution

1221. Is there very little contact of healthy persons with lepers on the island?—As little as possible.

1222. Ever since you went to the island has there been comparatively little contact of non-lepers with lepers?—Yes.

1223. *Dr. Herman.*] Are there children on the island who are not lepers?—Yes.

1224. Have they been exposed for a considerable period?—There are eleven children on Robben Island in the leper wards, who are not lepers, and some of them have been exposed for years.

1225. Have none of them become affected?—No, they are all healthy. One child born of a leper mother developed the disease on the island.

1226. How long afterwards?—About four years.

1227. Was it all that time in the leper ward?—Yes; the boy was born on the island, and is alive now. The others were not born on the island; they came with their parents who were diseased.

1228. *Chairman.*] Was the father a leper in the case you mentioned just now?—No, the mother only. The father is not on the island.

1229. *Dr. Herman.*] Did they come after the disease had broken out?—Yes; with their diseased parents. That is how they came to the island at all.

1230. Were they born before or after the parents became affected?—I cannot say definitely. I have a history of the cases.

1231. And they have been living for a considerable period in the leper wards?—Yes, and before that, with their diseased parents.

1232. And they have not become affected?—No.

1233. Why is that, do you think?—Because they are strong and healthy children.

1234. Have they been affected by any disease, such as measles for instance?—No.

1235. Have they never had any disease at all?—No. One child was born of a leprous mother very weak, and it died on the island.

1236. Do you think the natural strength of the constitution is sufficient to withstand the contagion of leprosy?—That is my opinion.

1237. In every instance?—Yes.

1238. Do you know of any other disease from which a healthy state preserves immunity?—Yes, I think so. Natives for instance live in districts where malarial fever prevails and they do not take it.

1239. Is their immunity due to health?—I cannot say.

1240. Are there any other facts which would give immunity?—If there were no sores.

1241. Are there any other constitutional conditions which would give immunity?—If you take the case of persons who work with lepers, how very few of those who handle them every day become diseased, and you cannot account for it except by the fact that they must be in a healthy state.

1242. Is that in your opinion the only ground for immunity?—Yes, health.

1243. And the absence of abrasions?—Yes.

1244. *Dr. Dodds.*] Do you consider leprosy at all due to vaccination?—When I went to Robben Island I found two cases there, and I reported upon them.

1245. What conclusion have you come to about those cases; are you satisfied that they were due to vaccination?—The statements of the patients themselves are very strong indeed. One female says she was vaccinated, and within a few months the site of the vaccination became discoloured and she developed syphilitic leprosy.

1246. *Dr. Edington.*] Is there any appearance on the site now?—The woman has since died.

1247. *Dr. Dodds.*] I understood you to say that after re-examination of these cases you were not satisfied?—I am not satisfied.

1248. Taking everything into consideration are you satisfied that those

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two cases you mentioned got leprosy by vaccination?—No, they are suspicious cases, but I would not base my faith upon them at all.

1249. What is your position as regards the danger of getting leprosy from vaccination?—It is possible to do so. The Indian Commission however, have made experiments which rather negative the idea, but it is possible. At the same time I do not believe that any medical man would transmit the disease in that way, but in this country very often a person is vaccinated and sent into the country, and then others are vaccinated from such person. In such a way syphilis may be spread to an enormous extent and probably leprosy.

1250. *Dr. Herman.*] Have you any evidence to prove that?—Yes. In the Aliwal North district vaccination is carried on in that way, and in some parts of the country syphilis is very bad.

1251. *Chairman.*] Then with regard to leprosy, you only know of two doubtful cases spread by vaccination?—Yes.

1252. Are there records of any other cases in your experience?—No. It is difficult to get anything definite from the patients themselves.

1253. *Dr. Greathead.*] You say that leprosy is only spread during the ulcerating stage. In your report for 1891 you speak very strongly of the chance of spreading leprosy by vaccination, even by using lymph from persons in whom there are no signs of disease?—That is from the tubercular form. If there is a tubercle in the skin and a wound is made in that way vaccination can spread it.

1254. Taking it for granted that no one would vaccinate from a person who had the disease, in vaccinating from latent cases might you produce the disease?—I would not say with regard to latent cases, cases where the disease is not recognized, and leprosy is not always easily recognized.

1255. Do you admit that vaccination retards leprosy in any way?—I have an idea that any acute affection such as erysipelas, and measles also, would check it.

1256. Would not there be rather less chance of spreading leprosy than some other diseases through vaccination?—That is a point I cannot say anythink definite about at all, but in the two cases I mentioned, the disease appears to have broken out in four or five months, and that is a doubtful point in my opinion as to the cause of the disease, because as far as I can make out, the incubation period is about two years, and in both those cases the disease started within a few months of vaccination; therefore the disease may have been in the system before vaccination. The patients may have been incipient lepers when vaccination was performed.

1257. *Chairman.*] At present you only know of those two cases, and you give the reasons for considering them doubtful?—Yes.

1258. Are you of opinion that vaccination is liable to spread leprosy?—No.

1259. In your report you say it is a noteworthy fact that since the introduction of vaccination, leprosy is spreading with rapidity; but now from your evidence I gather that you have modified your opinion?—Leprosy has spread enormously lately.

1260. What proof have you to show that the spread of leprosy is connected with vaccination?—There is the fact that it is spreading since vaccination has been introduced, and it is a fact worth considering whether one has anything to do with the other, when we know that syphilis is being spread by vaccination.

1261. What is your opinion now?—I am not prepared to say that leprosy is spread by vaccination or assisted by it.

1262. You merely think it is a point for consideration?—Yes.

1263. *Dr. Herman.*] What statistics have you to prove that leprosy has increased here in this country?—We know how very few lepers there were a few years ago, and what the number is now.

1264. *Dr. Edington.*] Are there not all over the world many localities where formerly leprosy was very rife?—I only say it is increasing at present.

1265. *Dr. Herman.*] You say the increase has been coincident with the spread of vaccination?—There is evidence to show that leprosy existed among the native races in South Africa to a considerable extent before the period of vaccination, and at the present time in those native territories where vaccination is not practised at all, leprosy is very rife. I do not say that vaccination is the cause of leprosy at all, but I say that lately vaccination has been carried on extensively, whereas it was never carried on so extensively before.

1266. If leprosy is frequent in those native localities where vaccination is not practised at all, does it not follow that it is a coincidence of a passing nature, and of no consequence?—It may be merely a coincidence.

1267. *Dr. Dodds.*] You think the disease could be spread by vaccination?—It could be spread in that way through carelessness, and I have always opposed indiscriminate vaccination.

1268. *Dr. Herman.*] With reference to what Tebb says as to the recrudescence of leprosy, do you think unfair use has been made of the extract from your report?—Yes; he has made more of it than necessary. I had no desire to prove that leprosy has been spread wholesale by vaccination.

1269. *Dr. Edington.*] What do you mean by indiscriminate vaccination?—Vaccination by non-medical men.

1270. *Dr. Hoffman.*] You mentioned the case of a boy who contracted leprosy on the island through a wound caused by a fishhook, and also the case of a woman who said she had contracted leprosy through vaccination; in both those instances did the disease commence at the part which was injured, or did it commence anywhere else?—In the latter case it commenced where vaccination was performed, but in the other not.

1271. Was there anything peculiar about the wound in the other case at all?—No, sometime after the hook was removed from the finger the disease developed.

1272. How long after?—I believe Dr. Ross has reported the case.

1273. *Dr. Dodds.*] You have no personal knowledge of the case?—No.

1274. *Dr. Edington.*] What methods have you adopted for the detection of bacilli in leprosy?—I stained the secretions by means of carbol fuchsine.

1275. After staining what did you do?—Nothing more; you can counter stain with methyl-blue or violet.

1276. Can you let us have the slides?—Yes.

1277. Have bacilli been found in the anæsthetic form?—I have not found them; they say they have been found. My belief is that bacilli have been found in the mixed form and not in the pure anæsthetic form.

1278. *Dr. Greathead.*] Have you ever tried to find the bacillus in the saliva of tubercular cases, before the ulceration stage?—No, but when the mouth is full of ulceration inside you would find the bacillus.

1279. Before that, you have not tried to find it?—No, I am not much of a bacteriological expert.

1280. *Chairman.*] Do you regard the disease as non-contagious in any of its forms?—Yes.

1281. In what form do you consider it non-contagious?—I believe it is non-contagious any time when there is no ulceration.

1282. In that stage might people inhabit the same house and use the same utensils for food without much risk?—Yes.

1283. You think in that stage of the disease there is no risk?—There is no risk of spreading the disease at all while there is no ulceration.

1284. Can you give any proof of this from records or from any cases that have come under your notice?—I cannot give proof of it exactly, but there

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is no doubt that there are some cases where there has been no ulceration for very many years, and as the disease can only be spread by the escape of the bacilli from the ulcers, those cases cannot cause the spread of the disease.

1285. Have you any record of cases that have come under your notice which would tend to substantiate that theory?—I do not know how it could be substantiated very well.

1286. Is there any case where people have lived for some years with a leper in the primary condition?—I have the record of a self cured case where the patient has lived in a family very many years without spreading the disease and without any member contracting it.

1287. Over what period of time would that history extend?—I have histories of patients who have been free from the disease or rather have lost all ulceration for many years. There are 90 cases where the patients have been free from ulcers over eleven years; one has been free for 56 years.

1288. Was the ulcerated stage well marked in all those cases?—Judging by the results of it, yes.

1289. *Dr. Herman.*] What does that go to prove?—That leprosy can only be spread, in my opinion, by ulceration. If there are certain cases which are not ulcerous, they cannot spread the disease and there is no risk. It proves that they are absolutely free from ulceration, and have been for many years.

1290. Can you say that those 90 cases would not spread contagion; have you placed them under circumstances where they could spread it?—I believe those 90 cases are cured, and that they cannot be the means of spreading the disease.

1291. Have they spread the disease during that stage?—No, I think not. I do not see how they could possibly do it.

1292. Is that because they are under surveillance?—No; because they are cured; there is no ulceration of any kind among them.

1293. Have those 90 cases been in contact for eleven years with healthy persons?—Yes, some of them have been admitted some time into the asylum, and some have only lately been admitted, but the majority have been living at home. One has been free from ulcers for 56 years.

1294. During that period have any other cases of leprosy occurred among persons associated with them?—I have a great many family histories I can give you.

1295. Can we get a list of those cases?—Yes.

1296. Have any cases occurred among persons associating with those patients during 11 years?—I have evidence to prove that many of those cases have lived in families and the members have remained healthy.

1297. Are there any persons who associated with these lepers who have developed the disease during 11 years?—What I say is this: I have got evidence to prove that some of these cases have lived, after the ulceration has ceased, with families for from 20 to 50 years, and those families have been healthy all the time.

1298. Have any persons who have associated with them developed leprosy, whether members of the family or not?—I cannot say; I have no evidence as to that.

1299. Can you supply the Commission with any evidence on that point?—I think so.

1300. *Dr. Greathead.*] Have you examined the blood or the tissues in all those cases to prove that there is no bacillus existing?—Not in the living cases.

1301. In cases of cure have you taken special trouble to find out?—Some of these self cured cases have died. In some of these cases I have examined all the tissues and found no bacillus at all after death.

1302. Have you tried in living cases?—No, there are no tubercles in the anæsthetic form and no wounds of any kind in the cured cases.

1303. In the anæsthetic form have you found the bacillus ?—No, not at all.

1304. *Dr. Edington.*] Will you explain in detail the method of examination you have used, first for sections, and secondly for sputum from the mouth, that is to say, suppose you have got your sections, what method do you adopt ?—I stain them in carbol-fuchsine for about fifteen minutes.

1305. Then what do you do ?—I put them into spirits of wine, then into a contra stain, and then wash them in xylol.

1306. What do you do with the sputum ? Just dry it on glass and proceed in the same way, except that it has to be a little longer in the stain. You wash in spirits of wine and then mount.

1307. Are you aware of the fact that by that method you could not differentiate the bacillus lepræ at all ?—I must confess that I am not a bacteriologist and that I was satisfied to discover the bacillus.

1308. You do not make any definite statement ?—I admit I am not an expert . The mouth is full of ulcerating tubercles and every tubercle gives off any number of bacilli.

1309. *Dr. Dodds*] Your position is this, I understand, wherever you have free bacilli you have the danger of contagion ?—Yes.

1310. Would bacilli in the spermatic fluid without any broken surface convey the disease ?—We have got many cases of a diseased husband living with a wife who was not diseased, and there is very little chance of the disease spreading through sexual connection.

1311. Have you any case at all where a wife has got the disease from her husband ?—We have cases where the wife has developed the disease from the husband, and vice versa, but how she has contracted the disease I am not prepared to state.

1312. Do you not find bacilli in the epidermis ?—I have not found them.

1313. You admit that you are not a bacteriological expert and therefore your position is not a final one in holding that broken surfaces are necessary for the spread of the disease ?—No.

1314. *Dr. Greathead.*] Have you ever employed a bacteriological expert in this important matter of finding bacilli ?—No.

1315. *Dr. Dodds.*] Is it difficult to tell when there is no ulceration ?—These cases are anæsthetic cases, not tubercular at all. In the tubercular form there is no chance of arrest of the disease, but in the anæsthetic form, after a certain stage, the ulceration ceases. The hands may be removed up to the wrist, but when the disease stops there is no more ulceration. Those cases do not die of leprosy at all ; they die of something else, old age perhaps. There is one man on the island over 100 years old. He is one of the self cured cases.

1316. *Dr. Hoffman.*] Have you ever found a case which had appeared perfectly arrested, but has shown ulceration again ?—Not in those cases after they are healed.

1317. *Dr. Fismer.*] Is it your opinion that the disease is only contagious in the ulceration stage ?—Yes.

1318. What do you think of incipient cases ?—I do not think they are contagious in the incipient stage, not till ulceration starts.

1319. Not even in the tubercular form ?—It is very difficult to say what the incipient stage is till the first symptoms are detected.

1320. *Dr. Herman.*] Do you admit that there is such a thing as the incipient stage ?—There must be an incipient stage.

1321. When is it ?—After the bacillus is introduced into the system, before it shows itself.

1322. Is that the incubation stage ?—Yes.

1323. *Dr. Edington.*] Taking into consideration the fact that certain cases are so slightly affected as to present very great difficulty of diagnosis,

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and taking also into consideration cases which, you say, are sometimes arrested, and as you believe permanently so, would such cases be any great danger to the public if they were at large?—No. I believe that in these self cured cases there is absolutely no danger at all; they are practically non-contagious, but the doubtful cases may be ulcerous. There are cases of lupus which look very much like leprosy sometimes, and it is only by bacteriological investigation that you can find out what it is. I would not discharge such cases till you were perfectly certain.

1324. *Dr. Herman.*] Even by such investigation would you be able to detect the bacillus in the anæsthetic form?—I have not been able to. Dr. Edington might be able to do so perhaps. It is very difficult to diagnose.

1325. Is not microscopical evidence of value?—It is only corroborative I think; I would not base any diagnosis purely on microscopical grounds, but I am not a bacteriological expert.

1326. *Dr. Greathead.*] Would it be a good thing to use the microscope?—Yes, in certain cases it should be done.

1327. In those cases of supposed cure, are you perfectly satisfied that there was no mistake in the diagnosis originally?—There was no mistake; the points are so characteristic of the disease, that is to say the scars and deformities.

1328. *Chairman.*] In your opinion does the disease ever arise spontaneously?—I think not; I think that every case can be traced, or could be traced to some previous cases of leprosy by contagion if the histories were known.

1329. Is there any case on record, or any set of records which would bear out the idea of the disease arising *de novo* or spontaneously?—No.

1330. Does every case under your observation at present negative the idea of spontaneous origin?—Some of the cases you cannot account for in any way, but the large majority of cases can be traced to contact in some way or another.

1331. Could you give the percentage of cases that would bear out the idea of contagion?—I can find out and place it before the Commission.

1332. If the disease does not arise spontaneously, could it be influenced by any articles of diet do you think?—No.

1333. Could it be influenced by any particular mode of living, by insanitary conditions or by any trade or occupation?—No, except that it might be spread by means of tools and things of that kind.

1334. Have you any records that would absolutely exclude the idea of spontaneous origin?—No, I do not see how we could get at it; I would only be able to strengthen my opinion by negative observation.

1335. *Dr. Dodds.*] Are there many cases in which a leper cannot trace contact with some other leper?—Very few.

1336. In the great majority of cases every leper has either been living with a leper, or has relations who are diseased you think?—Yes, the very large majority. A few deny ever having seen a leper.

1337. *Dr. Herman.*] What do you understand by spontaneous origin?—After reading the report of the Indian Leprosy Commission I would understand it to mean that the bacilli are carried by the air; they say that the air is pervaded by the bacillus lepræ.

1338. Do not they say that the bacillus lepræ exists over a very large area, and that it requires special circumstances both in the individual and in his surroundings to produce leprosy, that one case in fact, does not originate by contact with another; do you follow their definition in that way?—I understood that at first, but now I understand them to mean that the bacilli have been transmitted through the air from pre-existing cases.

1339. Do you think there are any circumstances which, acting upon an individual predisposed to the disease produce leprosy, apart from any contact

or any contagion?—I do not beleive there is such a thing as predisposition to the disease.

1340. Are there any circumstances at all, which, acting upon a favourable nidus, without the contact of a previous case would produce leprosy?—No, I think not.

1341. Take such a condition as an exceedingly poor population, living upon very bad food, very badly housed, poverty stricken, and very filthy and disreputable in their habits, do you think that would tend to produce leprosy, without a pre-existing case?—No, certainly not.

1342. *Dr. Dodds.*] Not in an endemic area; say India?—No, I think it could not be spread unless there was a previous case, whether it was an endemic area or not.

1343. *Chairman.*] Have you ever known any cases of leprosy which have been cured either spontaneously or medicinally?—What I consider cured, yes.

1344 Will you explain what you consider as spontaneous cure; have you any records of cases that would prove or substantiate what you say?—I have a large number of cases; about 90.

1345. Where are they now?—On Robben Island.

1346. Are they all still living?—Yes.

1347. And they illustrate what might be called the spontaneous cure?—Yes.

1348. Will you give us some information relating to those cases?—There are 533 lepers on the island, and about two-thirds are anæsthetic. Of the 624 cases that I have recorded histories of, 374 are anæsthetic. There have been admitted into the asylum some 1134 cases altogether since it was first opened in 1846. I go by the register kept on Robben Island, which accounts for every case admitted, discharged, died, and remaining. Of these 1134 cases, about 750 were probably anæsthetic. I say probably, because formerly they did not keep the forms separate. There are at present 90 arrested cases, about 10 per cent. of all anæsthetic cases.

1349. Are all those anæsthetic?—Yes, they are generally considered arrested cases, I call them cured.

1350. Have you any record of any tubercular cases being arrested?—No.

1351. Are you speaking from the records of the cases you have?—Yes.

1352. Will you briefly describe what you term cured in any one of those 90 cases?—In order to do that, I should have to describe the course of an anæsthetic case. It starts by outward manifestations; you have anæsthetic patches on different parts of the body; some cases have them and some not, but you generally find these discoloured patches. Then there is contraction of the small fingers, and this continues till all the fingers get forcibly flexed, after which ulceration starts, and the bones of the hand and fingers become necrosed. The wounds remain open till the whole of the bone has been removed, and it spreads on without any definite limit until a certain stage is reached in about 11 years, when for some unaccountable reason ulceration ceases, the wounds heal, and firm surface is formed, which does not break again.

1353. Is that the general course?—Yes. The result is this, that in some cases the hands are terribly deformed; the hands may be removed altogether, or perhaps two or three fingers, or all the fingers. At various stages it stops and paralysis remains. Very frequently the patients injure the parts, and the wounds heal by first intention or very readily; they do not take on a leprous taint at all; they are perfectly healthy wounds.

1354. Do you regard that as one of the proofs of cure, subsequent wounds on the site of the old ulcerations which have healed, and do not take on leprous action if injured?—Yes, they heal at once; there are no chronic wounds at all.

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1355. What period of time has elapsed in those 90 cases over which you would call a patient cured?—There are 11 patients in the asylum who have had leprosy more than 14 years; 10 more than 15 years; 13 more than 16 years; 2 more than 17 years; 7 more than 18 years; 6 more than 19 years; 7 more than 20 years; 5 more than 21 years; 4 more than 22 years; 9 more than 23 years; 1 more than 24 years; 14 for 25 years and upwards. I think that spontaneous cure does not start till after eleven years.

1356. Why do you think that?—It takes 11 years to arrive at a certain stage when ulceration ceases.

1357. At that stage you think either the cure begins or there is death?—The patient generally dies before, but the limit is about 11½ years, 13 years with the incubation period.

1358. To what do you attribute spontaneous cure; is it due to the strength of the patient?—If the patient can withstand the strain on the system and the extensive ulceration, then in 11½ years the bacillus for some reason stops its ravages. I cannot account for it, but my opinion is that it leaves the system never to return again.

1359. Have any of these cases which you now describe as cured ever had tubercles on the face or any other parts of the body?—There has been no cure in the tubercular form as far as my experience goes.

1360. We have evidence of the case of a man who had a diseased joint and tubercles on his face, and who presented in every way the appearance of a leper; it seems that these symptoms disappeared, and he got well; have you ever seen a case of that sort?—No, with one exception, but it was not a cure, only an arrested tubercular case.

1361. *Dr. Herman.*] What is the difference between an arrested and a cured case?—All medical men acknowledge that these cases are arrested, but I say they are cured, which is more than simple arrest. In one case of tubercular leprosy the patient had a severe attack of measles, and that arrested the disease, but it is not cured; it started again, but it was arrested for many years.

1362. What is the difference between an arrested case of leprosy and a self-cured case?—In certain forms of the disease the arrest is for long periods.

1363. How long would these periods be in your estimation?—I say the cases are arrested permanently.

1364. Do you consider a permanent arrest of the symptoms a cure?—Yes.

1365. Then you do not distinguish between an arrest and a cure, do you?—I say if it is permanently arrested it is a cure; that is my contention.

1366. In syphilis we admit certain stages of the disease with the absence of symptoms, but we do not regard such patients as cured; do you, with the absence of symptoms, regard your leprous patient as cured?—Certainly not, for that reason.

1367. Where a patient suffering from leprosy shows no evidence of the activity of the poison for the moment, do you regard that as an arrested case or as a cured case?—I would regard it as arrested for that moment.

1368. Can you draw any distinction between arrested and cured cases?—If you go to a leper ward you will find that the disease goes on by fits and starts as it were, that is to say, a patient will come in very bad. You feed him up and the sores will heal, and for a time the disease seems to assume a modified form and be partially arrested, but in a very short time afterwards it comes out with redoubled vigour, and the patient gets very bad again. That is a partial arrest. You can only arrest it for three or four months perhaps. Every now and then there will be violent fever, and the symptoms will become very much aggravated; ulcers and tubercles break out, and the patient is worse than he was before. That is what you may call a partially arrested case, but an arrested case, as I call it, is different altogether. When the ulceration ceases, it does not recur again; 30, 40,

or 50 years afterwards the hands are in exactly the same condition as the day the disease was arrested.

1369. *Chairman.*] Is the general health good?—Yes, and the patients do not die of leprosy.

1370. I understand that you have several arrested cases on the island?—Yes.

1371. *Dr. Herman.*] When do you call the cases cured, if as I understand there is a stage of arrest of the disease in which it is still active?—I find from a very large majority of patients that very few exceed 11½ years.

1372. Then it is not from the absence of symptoms that you are able to discover when those cases are cured, but it is simply according to the duration of the case?—Both; the absence of symptoms and the long duration, exceeding 12 or 13 years—very few exceed 11½ years. If you examine them at the end of that time, you find no signs of ulceration, the skin seems perfectly healthy, and even if it is burnt it heals up by first intention. There are no leprous sores in what I call a cured case.

1373. *Dr. Dodds.*] In very bad tubercular cases, can you still operate and get excellent results?—Yes, the wounds heal readily.

1374. *Dr. Hoffman.*] Are you sure that no amount of systematic treatment would have any effec on the leprous sores?—It may have a beneficial effect, but you cannot cure them. There is no drug which will cure a leprous sore, you can only keep it clean.

1375. Will not the application of certain ointments be beneficial?—We have tried all sorts of ointments and drugs, but without success.

1376. Have you seen no improvement?—There is an improvement. A few days ago a man came into the hospital with necrosed bones in his foot, in fact he had an awful foot, and I had to amputate the toes. By sponging it and treating it properly the sore improved, but it will not heal, although it is sweet and healthy. If we can keep that man alive, a stage will be reached when the ulceration will cease, after about 11½ years, and it will become what I call a cured case, with no chance of its breaking out again. Some cases have been for 56 years perfectly well.

1377. *Dr. Dodds.*] There are no records, I understand, going back beyond two or three years; from whom do you get your evidence that these cases had no sores for a long period?—From persons who have known the cases.

1378. Did anyone watch them closely enough to be able to say that?—When they came they had sores, and they are healthy now, and have been for many years. There are also outside cases in regard to which there is the evidence of medical men.

1379. Can you be absolutely certain as to whether they have had sores or not?—They have not been under my personal observation more than 2½ years.

1380. *Dr. Greathead.*] If a patient who was apparently cured were placed under unfavourable conditions calculated to reduce his vitality and general state of health, would he be liable to a fresh attack of leprosy?—I think not.

1381. Have you seen any cases of that sort?—I have never seen any self-cured cases subject to a second attack.

1382. Only in the last three years have you made these observations?—Yes.

1383. In your report for 1892 you say that you cannot state that they are positively cured and no one can. How is that?—You cannot say positively. I quite agree with my former statement in this way, that it is impossible to say anything is cured, but the benefit of any doubt should be given to the leper. If the disease is arrested, and the opinion is that it is only spread by ulceration, why should the patients be compelled to remain in hospital, say after five years. I put 11 years as the limit of the disease, and then I give another

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five years on the top of that, making 16 years. If the ulcerations cease after that time, I think the patient might be declared cured.

1384. *Dr. Dodds.*] I suppose you would recommend some system of reporting to the district surgeon in such cases, or some other precaution, would you not?—Yes.

1385. *Dr. Greathead.*] Considering the loathsome nature of the disease and the great desire of lepers to hide themselves when once free, would you still consider it safe?—Such cases are not loathsome. You would not call a man loathsome who had his hand amputated.

1386. You find the wounds heal up readily?—Yes.

1387. *Dr. Dodds.*] Have you made any post mortem examination of these cases?—Yes. I have examined the nerves and tissues in arrested cases. I do not make post mortem examinations now, there is not time.

1388. Do you find any signs of leprosy?—No, these cases are perfectly healthy.

1389. *Chairman.*] Have you notes of any post mortem cases?—Yes.

1390. You arrive at the conclusion that a patient is cured after a certain period; is that in the anæsthetic form only?—Yes.

1391. Do patients invariably die if they suffer from the tubercular form?—I have no record of any cases recovering except one.

1392. Have any of these cases you speak of now been discharged from the island as cured?—There has been one anæsthetic case discharged.

1393. Have you any record of that case; was the patient discharged because he was regarded as cured?—No, upon other grounds. The law states that a leper must be put into the asylum if it is certified that he is dangerous to the public health. I was asked to certify to the case whether it was dangerous to the public health, but I did not consider it was, as there was no ulceration, and on that he was discharged.

1394. How came he to be on the island; was he sent there under the usual certificate?—Yes.

1395. Was he declared to be a source of danger?—Yes.

1396. Then it came within your province to declare him cured?—I was asked specially by the Government to report upon this individual case.

1397. Have you a clinical record of the case?—Yes.

1398. *Dr. Hoffman.*] Had this patient exceeded the limit of 11½ years you spoke of?—Yes.

1399. *Chairman.*] Do you consider such a cure as permanent?—Yes.

1400. *Dr. Hoffman.*] Is 11½ years the lowest limit of time for anæsthetic cases?—Not the lowest. In the anæsthetic form very few exceed 11 years.

1401. *Dr. Dodds.*] You say that 16 years is necessary to make a case absolutely safe?—To give the public the benefit of the doubt, but if you look at my report you will find the duration of time in the hospital is five years. There were 122 deaths within two years and 53 within three years. One case exceeded 12 years, one 15, one 17, one 18, one 26, and one 45 years. If you examine those cases you will find they are all cured.

1402. *Chairman.*] By what special signs do you recognize such a cure?—By the appearance of the wounds on the hands and feet; sound flesh is formed.

1403. Is the general health good?—Yes; it improves coincidently. They may get various complaints. For instance, we lost several last year from influenza, but they did not die of leprosy.

1404. Do they die of any special complaint?—No.

1405. Have you noticed any special disease prevalent among them?—No.

1406. How would you propose to deal with such cases?—I think they should be kept in an asylum until 11 years have elapsed from the commencement of the disease or five years after the ulceration has ceased. No one

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who has seen the disease can mistake a spontaneous cure for arrest at all. Five years after the disease is permanently arrested, I would discharge them.

1407. *Dr. Herman.*] As the self cure of leprosy is not altogether an accepted fact, are you prepared in the absence of any further information upon the subject, after an experience of three years, to recommend such a form of procedure as you have just suggested?—I would certainly, for several reasons. It is a very great hardship for the patients to be detained on the island, if there is any chance of their being benefited by advice or by the opinions of medical men. I say, give them a chance and I am of opinion that the disease cannot be spread except by the ulceration.

1408. Does it not appear curious to you that so large a proportion of anæsthetic cases should present themselves to you in a stage of self cure, and yet you have never met with a self cured case of the tubercular form?—It is not at all curious. My idea is that about 10 out of every 100 anæsthetic cases only become cured.

1409. Are you prepared to say that cases of tubercular leprosy are never cured?—Yes, I have never seen a case.

1410. Are there cases recorded which would make it appear that tubercular cases have been cured; Dr. Kaurin mentions the case of a boy suffering from tubercular leprosy; he was five years old and entered the hospital in 1872; in 1880 he was supposed to be cured; and in 1884 he was allowed to go out of the hospital in excellent health, without any trace of leprosy, are you prepared to admit that that is possible?—It may be possible.

1411. Would you regard that as a case of arrested or cured leprosy?—I cannot say anything definite with regard to the tubercular form; I have not seen any cases, but I would certainly treat it as a case of cure until the symptoms broke out again, and then you could easily bring the patient back to the asylum and watch whether or not the symptoms developed.

1412. Have any of these cases become re-infected with leprosy?—No, not since I have been on the island.

1413. Would those persons who have been cured in that way be capable of taking care of themselves on the mainland?—Yes, many of them have been supporting their families.

1414. Although the disease appears to be absolutely stationary, are you perfectly convinced that it might not break out again and become a source of infection?—I think not, but of course there is no certainty about it at all. If the disease has been arrested for five, ten, thirty, or even fifty years, you cannot go on for ever keeping the patient until he dies. He should have the benefit of any doubt after a certain limit and if the symptoms do not start afresh. He cannot possibly infect anyone else while he has no ulcers. He can always be kept under observation, and might be examined by a medical man once a year. Should any acute symptoms develope, then send him back to the asylum, but I am of opinion that after a time he will die of old age.

1415. Would you draw an analogy between phthisis and leprosy in that respect; you are aware that certain forms of phthisis take a chronic course, and a patient may die from an intercurrent disease?—I do not think it is quite the same thing with leprosy. Although patients may not die of leprosy, they may die of erysipelas, dysentery or inflammation of the lungs, but that is not to say that they are cured of leprosy.

1416. A patient may have phthisis for 30 years; if the disease had not progressed for the last 20 years, would you be prepared to call such a person cured of phthisis?—No, not if any of the symptoms remain.

1417. Do you find that the anæsthetic patches become sensitive again?—Yes, they do. And the anæsthesia disappears, except in the extremities.

1418. Then how can you say that there is a cure?—I take it that leprosy in these instances affects the nerves, the nerves are destroyed. If you examine them, you find a mere filament.

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1419. *Dr. Dodds.*] Have you got any specimens of destroyed nerves? —Yes.

1420. *Dr. Herman.*] You say that the tissues become firm in these cases?—They are perfectly emaciated, but the skin is firm.

1421. The porportion of your self cured cases is rather high, is it not?—Ten per cent.

1422. There are records from the Norwegian hospitals from which it appears, according to a report published in 1882, that there was a total number of 107 cured in the previous 25 years. Of this number 32 had not been treated in hospital. In the same period 4891 patients had died, and of these, 2352 succumbed in hospital. I take it that the total number of lepers would far exceed 4891, and yet we find for the whole of Norway there were only 107 cases cured, whereas you declare 90 cases to be cured. Does not this seem very disproportionate?—In the first place, the leprosy in Norway is nearly all of the tubercular type, in respect to which there are no cures at all. I think two thirds of the lepers in Norway are tuberculous

1423. Do you think that would account for such an enormous difference in the proportion of cured cases?—I cannot account for the fact. We have had 1134 cases in hospital, but how many cases there may have been within the last 46 years in South Africa we cannot get any statistics about. There may have been 5000, and probably that is so. What we have now are the dregs, so to speak, of all these cases. We have only put the Act into force lately, and the 92 cases we have in hospital are the remains of 46 years ago probably, for there is no doubt that leprosy has existed in this country for a long time, and I think it has been on the increase. The number of lepers in the asylum does not probably represent one-third of the number of cases actually in existence. The 92 cases we have got now have been forced on to the island and many have been cured for years, consequently the percentage may be very small. Before the year 1882 there were only 12 cases that were admitted to be cured cases, so that the 80 remaining cases must have been arrested during the last few years.

1424. *Dr. Dodds.*] So that although they have been in hospital only three years, they must have had the disease about ten years, all those cases you say are arrested?—Perhaps 50 years.

1425. If you have only had these cases under observation three years, how do you know they have never had a sore for so many years as you say? —We go by the history obtained from the magistrate and given by the patients themselves.

1426. *Chairman.*] Is not the description given by the magistrate or the patients likely to be erroneous?—There is nothing else to go upon.

1427. Ought that to be taken into consideration as a possible source of error?—I think so.

1428. *Dr. Greathead.*] Would you admit that the vitality of the extremities is less the further the part is removed from the centre of the body in a healthy individual?—I think that is admitted.

1429. Do you admit it?—Yes.

1430. Then it would be natural to expect that the fingers, in such a disease as leprosy, would be the first to disappear?—Why the disease attacks those parts we do not know. My theory as to why leprosy attacks the extremities is this: the bacillus gets into the system and travels about, and then it is arrested in the extremities through the vicissitudes of temperature.

1431. You mean to say there is a lower vitality?—Yes. The ulceration starts in the fingers, but the disease does not.

1432. Are the fingers the parts that disappear first?—Yes, in the anæsthetic form the disease attacks the nerves, and while the bacillus is growing there, irritation of the nerves will cause pain and contraction. Afterwards the nerve gets very much swollen and infiltrated with matter, and

gradually all power is lost; this is the second stage; and then sensation is lost. First you have hyper-æsthesia, then anæsthesia, and the third stage is complete enervation, and then ulceration, so that the disease, although the ulcers start in the fingers, really starts in the nerves.

1433. Notwithstanding the falling off of the fingers would you say that the disease had disappeared?—Yes. I would for this reason, that in the acute form of anæsthetic leprosy you have irritation and swelling of the nerves, but the nerves eventually become completely destroyed. That is the cause of anæsthesia in what are called cured cases.

1434. Among these cases of arrested leprosy were there any of the syphilitic variety?—None at all; it is a very fatal form.

1435. Did all those cases you mention as being arrested run the regular course of anæsthetic leprosy to the final stage, and then become arrested, or did some become arrested before they reached the final stage?—A few perhaps.

1436. Have you ever had the curiosity to examine into the circulation in any of these cured cases?—I have not really examined the heart, but to all intents and purposes they were well. Some walk on their knees, and that brings me to another point. Even granting that my opinion is correct, and that it is decided to discharge some of these cases, it is very doubtful whether any of them will go. They might be capable of taking care of themselves, but very few would avail themselves of the opportunity. A very large majority of them are helpless, and some have no friends to look after them. Out of the 92 cases, I do not suppose you would get more than ten to leave.

1437. *Dr. Dodds.*] You speak of a very great proportion of anæsthetic cases, about two-thirds. Dr. Simons the other day gave us to understand that nearly all the cases were mixed?—Very few indeed. In 1891, out of 123 cases, there were 35 tubercular, 55 anæsthetic, and 9 mixed. There is a larger proportion now of anæsthetic cases.

1438. Suppose the bacillus was found in these arrested and cured cases, would that lead you to modify your opinion?—Yes.

1439. Have the bacilli ever been sought for systematically in these cases in the nerves?—Some medical men say they have found bacilli in the anæsthetic cases, but I have not been able to do so. It may be the fault of my examination, but there is this point to be considered. There are three classes of mixed leprosy—the first in which the anæsthetic symptoms preponderate; the second in which the tubercular symptoms preponderate; and the third in which the anæsthetic and tubercular symptoms are evenly divided. If you take a mixed case, with only slight tubercular symptoms, it may be easily overlooked and mistaken for an anæsthetic case, especially after death, because the tubercles after death seem to disappear altogether, if they are not very bad. A man may have swollen feet and so on, but unless you have marked tubercles before death, or know where they are, you will not find them after death; they are gone, so that you may very easily take a mixed case and mistake it for an anæsthetic case.

1440. *Dr. Herman.*] Would you call a case where you had a well marked leonine expression, advanced tubercles, and swollen hands and feet a mixed case?—No; not necessarily.

1441. *Dr. Dodds.*] Do you find much difficulty in classifying cases?—Sometimes it is difficult to know whether a case is mixed or tubercular or anæsthetic, because sometimes the symptoms preponderate towards the anæsthetic and sometimes towards the tuberculous type.

1442. *Dr. Hoffman.*] Have there been any spontaneous cures of the syphilitic form?—No there are very few syphilitic cases, only about half a dozen altogether.

1443. *Dr. Fismer.*] Have you adopted any special treatment for leprosy?—I have tried all kinds of remedies, tuberculin, Koch's lymph, chaulmoogra oil, and gurjun oil, but there has been no beneficial result.

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1444. Have you tried ichthyol?—No.

1445. *Dr. Hoffman.*] Have you tried ointments?—Yes; I find the best treatment for the tubercular form is ointment well rubbed in; it seems to help. Rubbing in is the chief thing, the form of ointment does not much matter.

1446. *Chairman.*] In regard to discharged cases, do you think they should be under the supervision of some medical man, and should the patient be required to report himself to the district surgeon?—Yes.

1447. Would you allow the district surgeon to have access to each patient at all reasonable times?—Yes.

1448. Would you call on the district surgeon to report on the case officially, should he be compelled to do so by the Government?—Yes.

1449. And in that way you would keep in touch with the patient, so to speak?—Yes.

1450. And on being reported, would you have him brought back again for segregation?—Yes.

1451. *Dr. Dodds.*] Do you think it should be a conditional discharge, just as you discharge insane patients conditionally?—Yes.

1452. *Dr. Hoffman.*] If the symptoms reappeared, he would have to go back to the asylum at once?—Yes.

1453. *Dr. Dodds.*] If he did not keep the regulations the conditional discharge should cease, and he should be taken back to the asylum?—Yes; that would strengthen the case.

1454. You said that some of the discharged cases would not avail themselves of the opportunity, even if they were discharged, but could not some separate ward be arranged for them?—Yes; they should be allowed more liberty. I have often thought it would be an excellent thing if on the north west part of Robben Island some small cottages could be built for these cases. There is good water there, and they could have their gardens and be very comfortable.

1455. *Chairman.*] Would you suggest the erection on the mainland of residences for discharged lepers?—I think so. I think they are perfectly safe to be on the mainland and there would not be much difficulty in looking after them as they are so helpless most of them. Those who did not avail themselves of the liberty of going home altogether would be the perfectly helpless cases probably.

1456. They would have to remain on Robben Island or go into residences on the mainland?—Yes.

1457. *Dr. Greathead.*] Taking the view you do of the anæsthetic cases, are you very careful to isolate them from those of the tubercular form?—We cannot do it. We have classified the patients according to their nationality more than anything else.

1458. Would it not be wise to isolate the anæsthetic from the tubercular cases?—I would like to isolate the self cured cases. I notice that the tubercular cases are tubercular from the beginning, and so with the anæsthetic and mixed cases; one is not superimposed on the other in my experience.

1459. *Dr. Dodds.*] Have you tried inoculating a leper?—No, I think it would be rather a dangerous experiment.

1460. *Chairman.*] What meaning do you attach to the term heredity as applied to leprosy?—I understand it to mean the transmission of a disease or some family taint or family proclivity to disease.

1461. Do you draw a distinction between actual transmission or merely a predisposition?—I would make a distinction between the two.

1462. Have you ever known a child leprous at the time of birth?—No.

1463. That you would regard as actual transmission, would you not?—Yes.

1464. And no such case has occurred on the island?—No.

1465. What is the youngest age at which you have seen leprosy developed?—Three years for certain; but there is a doubtful case of two years old. I am not quite certain whether that is a case of leprosy or not.

1466. Were these children born on the island?—No.

1467. Have you their history; were their parents affected with leprosy at the time of birth?—The mother in both cases is diseased. I do not know anything about the father in one case, in the other case the father is well.

1468. How does heredity affect the spread of the disease?—I do not think it does, I think it has nothing to do with heredity, nor do I think predisposition has anything to do with it either; I think it is pure contagion.

1469. Do all your records favour that view?—In some cases we cannot get anything to form an opinion on, but there are facts which negative the idea of heredity at all.

1470. What are those facts?—Of the 586 lepers on Robben Island of which I have notes, 45 were the children of lepers, and that is a very strong argument against heredity.

1471. How have you arrived at that; from the family history of the patients themselves, from the magistrate, or the medical officer?—All three. We get the full histories as far as possible.

1472. Are the family histories reliable?—Not altogether. People often try to hide cases, and that is a possible source of error in estimating heredity. I only get information from the patients themselves or from the magistrate.

1473. Is it not a fact that it is difficult to get the patients to admit that any of their ancestors have had leprosy?—In some cases, but I have a complete history of each case, and we are having some cards printed and arranged so as to tabulate all the details. The only way to arrive at any satisfactory history is to examine the patients over and over again and see if they tell the truth; if you examine them to-day and again in a month's time, the results are most unsatisfactory.

1474. Is that a great difficulty to overcome?—Yes, I may say that the mothers on Robben Island have had among them 928 children, of these only 23 became diseased.

1475. Are any of the children on the island?—Some of them are on the Island.

1476. *Dr. Hoffman.*] What became of the other children?—They are grown up or dead. There are 252 married people on the island.

1477. Are the statistics perfectly correct with regard to these cases?—We only take them from the mother's statements.

1478. *Chairman.*] How many children have been born on the island?—Very few. In my time only three.

1479. Is the number of 928 children you gave, arrived at merely from statements of the people themselves?—Yes.

1480. *Dr. Dodds.*] Of the mothers or married couples?—Sometimes the married couples and sometimes the mothers alone.

1481. *Chairman.*] For the purpose of diagnosis with regard to these 928 children, you rely upon the statements of the mother or the father?—Yes. Some of the cases are on the island now.

1482. *Dr. Dodds.*] How many married couples are there?—Very few.

1483. Are they allowed to live with each other?—No. No intercourse is permitted. I have drawn up a table to show the family history of the matter, and I find that in the male leper wards, out of all the cases, there are 13 fathers diseased and 6 mothers.

1484. How is the history of the 13 fathers arrived at; did they come there diseased lepers?—Some of the fathers are on the island and some are not on the island; according to the histories of the cases there are 13 fathers diseased and six mothers among the males, and among the females 12 fathers and 10 mothers, and very few grandfathers.

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1485. When the 928 children were born were the parents lepers?—I cannot say.

1486. *Chairman.*] Are you of opinion that the children of leper parents inherit certain proclivity or predisposition to the disease?—No; if anything, it is the reverse. I think there is something in the disease that gives immunity to children. I have no facts, but it is a curious thing that so very few children of lepers become diseased.

1487. How many children have you had under your observation?—Only four born on the island.

1488. Out of those four children born on the island, were they all born of leprous parents?—Yes.

1489. *Dr. Dodds.*] Is that in your time?—Not all in my time: one before, and three during my time.

1490. *Chairman.*] Out of the four children born on the island, do any of them show signs of leprosy?—One developed leprosy; of the others one died and the other two are healthy.

1491. What did the one die of?—Diarrhœa.

1492. Is that case recorded?—Yes.

1493. Are the others alive?—Yes.

1494. What are their ages respectively?—The age of the child who developed leprosy is 9 or 10.

1495. What form was it?—The tubercular form.

1496. Practically one out of three cases on the island developed leprosy?—Yes; there are eight cases not born on the island, which came there afterwards, varying from five years up to 14; they live with their mothers; we do not know what to do with these cases. The mothers would not come without the children and no one would take them, so that at present they are being allowed to live with their mothers. We are building a hospital specially for them.

1497. Can we get the ages of those children?—Yes.

1498. *Dr. Greathead.*] Is there any loss of sexual desire among the lepers, in your opinion?—I think not.

1499. Is it the other way?—Yes, in many cases, especially in the anæsthetic form.

1500. *Chairman.*] I understand you to say that the predisposition to the disease is lessened by the fact of children being born of leprous parents?—I think it has lessened the proclivity to the disease. I only go by the statistics which may not be very reliable.

1501. Have you any statistics?—I can place them before the Commission at a later period.

1502. *Dr. Hoffman.*] Do the children of leper parents appear to be perfectly healthy and strong?—Yes, very strong. There is one case of hydrocephalus, and I have read in some paper that that is a very common thing among the children of lepers.

1503. *Dr. Dodds.*] You only speak then of 12 cases of leprous children?—Children I know personally. I do not base my conclusions on that; I base my conclusions on the histories. Out of 928 children, I find that only 23 became diseased, which is a very small percentage, less than the percentage of those who come into contact with lepers and are not lepers themselves. I think on the Sandwich Islands something like 9 or 10 per cent. of the nurses became lepers. I have seen such a statement in some book or periodical. That is a very large percentage compared with the children born of lepers.

1504. *Dr. Greathead.*] Is sterility particularly noticeable among lepers?—I find that 232 mothers have 928 children; about four each.

1505. Is that up to the average of ordinary human beings?—No, I think it is less, but I know one case where a leper had 16 children.

1506. After the disease was declared?—The man says so. That is a case from the Paarl.

1507. Were the children you spoke of born after the parents became lepers?—If you can depend upon the histories at all, that is so.

1508. In the cases coming under your own observation have you noticed any particular sterility?—I do not think so. We do not allow intercourse, so you cannot really tell.

1509. *Dr. Hoffman.*] In any of the cases supposed to be cured after a period of 10 or 11 years, have any children been born?—About three years ago there was a case of a convict having connection with a self cured case, and the woman had a child. It was a healthy child, and died, but not from leprosy.

1510. *Dr. Dodds.*] Do you know that Dr. Kanthack was so impressed with the sterility of lepers that he concluded "it would appear that such marriages (between lepers) are to be encouraged rather than prohibited"?—I have seen that mentioned.

1511. Would you be very averse to anything of the kind?—Certainly. I think after a certain age they might be allowed to live together. That is one of the improvements I would suggest, that married couples, if they are self cured cases, should after a certain age be allowed to live together.

1512. *Dr. Hoffman.*] Would you advise their living together where the husband is not a leper and the wife is a leper, or *vice versa?*—If they are self cured cases there is no harm at all.

1513. *Chairman.*] Would you allow conjugal intercourse between lepers?—After a certain age.

1514. At what age?—After the child-bearing age.

1515. Not before that age?—No.

1516. Would you be afraid of having leper children born into the world?—No, but because of the difficulty of dealing with the children. They would not become lepers I think, but we should have a lot of children in the leper wards. Of course they would have more chance of becoming lepers than other children because they would be always in contact with the parents.

1517. You refer only to the difficulty of dealing with an increased population?—Yes, only on that ground.

1518. Would you allow of intercourse between lepers and non-lepers?—If you have a case where one is a leper and the other not, if it was a cured case I would allow them to live together.

1519. Only in the case of a cured or arrested case?—Yes.

1520. Have you ever known of a case of leprosy due to sexual intercourse?—No; I have nothing to prove that at all. It is very difficult to prove exactly how contagion arises.

1521. *Dr. Hoffman.*] Was the child that was born on the island well formed and perfectly healthy?—Yes.

1522. *Dr. Greathead.*] What did it die of?—Diarrhœa.

1523. Were there no signs of leprosy?—No.

1524. At what age did it die?—About six months; it was teething.

1525. *Chairman.*] Do you believe there is a period of incubation in leprosy?—Yes; I think there must be.

1526. On what grounds do you believe that?—I find that in the few cases we can bring forward to prove anything at all, it takes some time after a person has come in contact with a leper before the disease developes. It does not do so at once, but it takes some time, and it is usual in all diseases to have an incubation period.

1527. Have you any records of any cases which would afford reasonable proof that there is a period of incubation?—I can find cases.

1528. Is it possible to diagnose the disease during the period of incubation?—I think not.

1529. Is it possible to diagnose the disease in its early stages?—It is possible, but difficult in many cases.

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1530. In what way does the difficulty arise ?—The first symptoms are so very slight that you might overlook them.

1531. What period of time do you think the incubation stage might be spread over ? —My opinion is about two years, but if you go by the writings on that subject, opinions vary very much. Some put it down at much longer, but I think in the majority of cases it is about two years.

1532. Is there not one writer who speaks of so long a period as 40 years ?—Yes.

1533. Do you agree with that ?—No, although I cannot say definitely that it is not so.

1534. Would the period of incubation be shorter or longer according to the form of the disease, in your opinion; would the anæsthetic and mixed form have the same period of incubation ?—I cannot say anything about that.

1535. Do you think two years would be the longest period you would like to establish as the period of incubation ?—It may be a little longer or a little shorter. I should say about two years.

1536. Would the knowledge of the period of incubation being long influence your views; could you suppose, in other words, a child being born in which the leper taint is present but has not, as it were, made itself manifest ?—I think not. I think, from the few cases I know of, that the incubation period is about two years. The period at which patients contract the disease is not in infancy ; very few contract it in childhood ; it is only in later periods that the disease is contracted. I should take the majority of cases to be between 20 and 25.

1537. Are there then what might be called doubtful cases of leprosy ? —Yes ; cases most difficult to diagnose.

1538. How would you deal with such persons with a view to ascertain the progress of their case ; say you had submitted from a district five or six cases, and you sent back two or three as doubtful, how would you deal subsequently with the doubtful cases ?—I drew the attention of the Government to this some time ago. I had a good many doubtful cases sent over to the island, and I thought it was most unjust that I should have to decide against the opinions of other medical men as to doubtful cases sent over to the island. I thought such cases should be thoroughly examined, and if there was any doubt other medical men could examine them, and when they had quite decided as to what the patient was suffering from, he might be sent over to the island. That has been done lately with regard to cases that are doubtful. In my opinion we cannot keep them except under observation, and we have been keeping them under observation three or four months in a separate room. Then they are examined again, and a report made, and if there is any doubt, they are given the benefit of it and let go, but they should be watched after they have left, and treated as if they belonged to the discharged self cured cases.

1539. *Dr. Edington.*] With regard to the observation period, do you consider that leprosy should be classed among those diseases that have a shorter or longer incubation period, or among those diseases which are supposed to be of an acute form ?—It is not of an acute form.

1540. Would you then class it among those diseases in which the incubation period might vary within very wide limits ?—Yes, I think so. If we go according to literature we must believe that.

1541. Has it any relation to tuberculosis as regards its pathology ?—I think not : leprosy does not affect the same parts. I think they are quite distinct ; as far as the incubation period of leprosy goes, it may be very long or very short, but the majority of cases is about two years.

1542. In that respect does one agree with the other ?—Yes.

1543. *Dr. Hoffman.*] At what age, taking all your cases of leprosy on Robben Island, have you most cases of leprosy, suppose you divide human life into periods of ten years ?—The third period ; between 15 and 30 say.

1544. What reason do you give for that?—I do not know how to account for it. A very large proportion of the patients are between 15 and 30.

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1545. Have you formed no opinion as to why that should be so?—No; but I think the fact goes against the hereditary theory of the disease.

1546. *Dr. Greathead.*] In the case of suspects, suppose a patient was sent to you with the disease in an apparently arrested form, what would you recommend should be done?—If the patient was a pauper and unable to support himself, I would keep him on the island under separate supervision and look after him as a pauper; if he were not a pauper, I would discharge him.

1547. Without any period of observation?—If possible I would like to get the history of the patient and find out how long the disease had been arrested. If it had been arrested over five years, I would discharge the patient altogether.

1548. Under the same conditions as you suggested for the others?—Yes.

1549. *Dr. Dodds.*] I suppose the same would apply to the case of the children of lepers, would it not; at present you have no children's home?—We are going to have a children's home.

1550. Have you any suggestions to make as to how long they ought to be kept there, or whether it should be placed on a statutory basis?—I am not in favour of keeping children on the island at all. So far as leprosy is concerned they are quite safe, but no one will take charge of them. That is the point.

1551. Do you think it is advisable to keep them under observation for a time?—I do not think it is necessary, and I would not do it.

1552. Do you make any suggestions as to other members of a leper family, living in the country, say; would you try and keep a register of them, and let it be someone's duty to keep an eye on them?—I think it would be a good thing, but it would not be much use, there would be so many cases to attend to.

Cape Town, Wednesday, February 14th, 1894.

PRESENT:

DR. MURRAY (*Chairman*).

Dr. Dodds,	Dr. Greathead,
,, Fismer,	,, Herman,
,, Edington,	,, Hoffman.

Dr. S. P. Impey further examined.

1553. *Chairman.*] Are you acquainted with the present system of segregation?—Yes. Feb. 14th, 1894.

1554. Are you acquainted with the Segregation Act?—I know the Act.

1555. Under what conditions are patients now transmitted to you?—They are sent over to the island under a warrant signed by the Under Colonial Secretary.

1556. Do any certificates accompany this warrant?—The certificates are made before the warrant can be signed.

1557. At the time they forward you the warrant, do you get the certificates?—Yes. Those are the forms (produced). There are four documents.

1558. Would you suggest any modification of the certificate?—I consider the certificate of the field-cornet quite useless. As a rule you find it accords with the district surgeon's opinion.

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1559. Would you continue the system of segregation which is now in force?—I think it is advisible.

1560. Would you modify it at all?—Certain modifications could be made in the manner in which the segregation is brought about. I approve of the principle.

1561. In what detail would you modify it?—I would make it more workable. At present no one is really compelled to report a leper; he may be seen walking in the street, but nobody takes any notice of it, simply because it is nobody's duty.

1562. How would you make it compulsory?—I would make it compulsory for a magistrate, when he hears of a case of leprosy, to take steps to have it examined by a medical man.

1563. The district surgeon or any medical man?—Yes.

1564. *Dr. Edington.*] In other words the local authorities?—Yes.

1565. *Dr. Hoffman.*] Do you mean that a notification must be sent to the magistrate?—Yes.

1566. By whom?—That is the difficulty. What I mean is this. At Mowbray, for instance, I know of a case of leprosy, but it has not been reported as it is nobody's duty.

1567. *Dr. Greathead.*] What do you mean by segregation; isolation of patients at their own homes?—That would not work. They carry on that system in Norway, but I am afraid it would not answer here.

1568. *Dr. Edington.*] Can you suggest anything in the way of segregation?—I think the segregation of lepers on Robben Island is a good thing, but the way in which the lepers are segregated there might be modified.

1569. *Dr. Hoffman.*] Do you think it would be a good plan to have a system of segregation for each district, or would you have all the lepers brought together?—If it were possible to segregate in the different districts it would be a very good thing indeed, but it would be most difficult to carry out. If you put the lepers all together on a place like Robben Island, surrounded by the ocean, there is no danger of their escaping; you have not to place guards over them to keep watch. If you were to place these lepers on a farm on the mainland as has been proposed, the result would be that they would be continually trying to get away, and consequently, the Act would have to be strengthened as well as the magistrates' power, and an armed guard would have to be placed over them, with some very strict measures to prevent escape. That would give rise to an enormous amount of ill-feeling in the country. A farmer, for instance, living on a farm, would object to having an armed guard over him. Even on Robben Island a very respectable man tried to escape in a boat. That is the only objection I have to segregating lepers on the mainland, otherwise it would be a very good thing and much more congenial.

1570. Suppose Robben Island were kept as a final place for refractory lepers and you had an establishment in each district, with the special provision that anyone trying to escape should be sent direct without any further delay to Robben Island, and kept there for the rest of his life; would that answer?—As I have already stated, I am not opposed to segregation on the mainland; the only difficulty is what I have already pointed out.

1571. *Dr. Edington.*] You see no objection to the educated white lepers being segregated on the mainland, under certain supervision and conditions?—Not at all.

1572. Might they not give some guarantee that they would adhere to the regulations?—Yes.

1573. *Dr. Hoffman.*] Would such a guarantee be a sufficient safeguard so far as the public health is concerned?—Yes; if it can be done, the principle is a good one.

1574. *Chairman.*] When you speak of segregation, do you mean separation of the sexes also?—Yes.

1575. Do you base your opinion upon the view you take of contagion?—Yes.

1576. If it could be proved to you that contagion was a less prominent factor, would you be prepared to modify your opinion?—Yes, I think I would. I certainly think that married couples should be allowed to live together after they have passed a certain age; that is a very important modification in the present Act. There are some old couples on Robben Island who lived together for many years as lepers; they have been separated lately, and it is very hard fer them, I think they might be allowed to live together after the child-bearing age. There are also certain well-to-do lepers, and I think they might be trusted to live on their own farms on giving a guarantee. The principle of segregation on farms for certain persons is a very good one if it can be carried out successfully.

1577. *Dr. Herman.*] Would not isolation be a better term than segregation in such cases?—Yes, I would say isolation on farms. There are three proposals; the first is complete segregation as on Robben Island; then there is isolation on farms; and then for each district to segregate its own lepers at one spot in that district. I do not think the last is a very good suggestion, as it could not be carried out, but isolation on farms might be carried out in the case of better class patients who could be depended upon.

1578. *Dr. Edington.*] There might be a penalty as well as a simple guarantee, might there not?—that is a point I could not speak upon. If they are too poor they might be kept on the island.

1579. *Chairman.*] Do you think such alterations as you advise would sufficiently safeguard the country against any further spread of the disease?—I think so if properly carried out. The plan has been adopted in other countries, and has proved very effectual.

1580. *Dr. Herman.*] What other countries?—Norway for instance.

1581. Complete segregation has been made compulsory in Norway since 1885, has it not?—A leper there is asked certain questions, and if he guarantees to live quite separately, occupy a separate room and have his own utensils and so on, he is allowed to remain at home. If he transgresses the rules, he is sent to an asylum. Persons who through poverty or otherwise are unable to take care of themselves, are forced into an asylum. That is how it is done in Norway.

1582. *Dr. Dodds.*] What regulations would you advise in case some such plan was adopted here?—I would have certain patients isolated on their own farms, and they should report themselves periodically to the district surgeon or other medical officer appointed by the Government for the purpose.

1583. *Dr. Greathead.*] Might not the district surgeon be instructed to visit such patients, as in many cases they could not travel perhaps?—Yes.

1584. *Chairman.*] Do you think that such modifications as you suggest would tend to eradicate the disease?—I think so.

1585. *Dr. Greathead.*] Would you have a printed form of instructions for such cases?—Yes.

1586. Would you have any antiseptics insisted upon with regard to secretions or excretions?—I do not think it is necessary, but it would be a wise safeguard.

1587. *Dr. Edington.*] You believe in contagion, do you not?—Yes.

1588. If you had a patient with discharging sores and contaminating ulcerations and so on, do not you think it would be well to disinfect?—Yes.

1589. *Dr. Greathead.*] Would you confine such a patient to certain portions of a farm, and not allow him to wander about?—Yes.

1590. And compel him to use his own utensils for eating and drinking?—Yes. Like they do in Norway. There everything is separate.

1591. Do you know anything of the Norwegian conditions?—Dr. Hansen in his report to the Medical Investigation Committee No. 2, page

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65, says, "though the disease was steadily diminishing under the old law, I found that something ought to be done to check the spread of the disease in the country, besides what might be done by the entrance of lepers in our asylums. In consequence, I proposed a law which was enacted in 1885. This law gives the Sanitary Commission or Board of Health in each district the right to order a leper, if he will live at home, that he must have his own room, at least his own bed, that his clothes ought to be washed separately, that he must have his own eating apparatus, spoon, fork, knife, &c. If he cannot, or will not, apply to this regimen, he is obliged to enter an asylum."

1592. *Dr. Dodds.*] Is he allowed to walk on the farm with his relatives?—Yes; you cannot keep him in a room, but he must eat everything separately.

1593. *Dr. Greathead.*] Would you insist upon separating a man from his wife, or *vice versa*, and if you had proof of such rule having been broken, would you remove the offender to Robben Island?—Yes, but I would allow married couples to live together after a certain age, unless they were in the ulcerated stage, and then I would keep them separate.

1594. *Dr. Herman.*] Norway has been constantly referred to in dealing with this subject of leprosy, do not you think that the conditions of the country and the population are quite different from ours?—Norway is the only country where segregation has been properly carried out for a lengthened period.

1595. We have it in evidence that compulsory segregation has never been enforced in Norway?—I think it is compulsory, although the lepers are not all sent to one asylum.

1596. There are certain countries where segregation has been enforced rigorously, and we have evidence to show that in those countries the disease has been very much lessened?—So it has in Norway to a very great extent.

1597. Is not the character of the population in Norway, and the condition under which they live, so entirely different from what we find here that we cannot apply that as an analogy?—There is a difference.

1598. Is not the population very clean in Norway; the emigration agent in America told me that the Norwegians made by far the cleanest emigrants?—On the contrary; the people are very dirty. Dr. Hansen says so, and that they very seldom change their clothes, and often all sleep in one bed, even visitors, and they eat out of the same dish, and these are exactly the means by which contagion can be spread. As to cleanliness, I think we are rather in advance of them in this country.

1599. *Dr. Dodds.*] Would you be in favour of having one or more private leper asylums on the mainland for the better class of cases, and then in the mild cases let some central Board judge whether they might be isolated in their own homes?—If it was practicable, I think it would be a very good thing, that is to say, if segregation could be enforced under those conditions. The only question is whether, if you put a number of cases into an asylum on the mainland, you would not have a difficulty in keeping them there. There is the case of a man on Robben Island now who is worth £10,000. He has been diseased a long time. He has a beautiful farm, and could be thoroughly trusted to live on his farm; in fact he has been isolated for a long period there already. We removed him from his farm and put him into the asylum. That is an exceptional case; but if you were to take the 30 white male lepers and put them into an asylum on the mainland, you would have the greatest difficulty in keeping them there. I am quite agreeable to such a plan if it could be carried out.

1600. Do you not think it is worth trying?—Certainly, with this proviso, that if they did not conform to the regulations they should be sent back to the island.

1601. Are you aware that in cases of lunacy it has been found that by

doing away with high walls and enclosures, the tendency to escape is very much diminished ?—Yes.

1602. *Dr. Greathead.*] Would you make such private asylums entirely self-supporting, or should the Government contribute ?—I do not think you could make them entirely self-supporting, but you might get patients to pay according to their means.

1603. *Dr. Dodds.*] Would you think it fair for the Government to contribute on the £ for £ principle ?—I do not think that would work. The other plan would be the best to let the patients pay what they could up to a certain limit.

1604. *Dr. Greathead.*] Those who could not pay would be obliged to go to Robben Island, I suppose ?—No, I would not say that. It is a hard thing that because a man does not happen to have money he should be segregated. A man may be quite respectable and yet not have money. If the asylum is to be on the mainland, it should be for the better class of patients, irrespective of their means.

1605. *Chairman.*] Would you draw any distinction at all as to colour ? —No, I think not. If you do you must have two asylums.

1606. *Dr. Greathead.*] Would you allow well-to-do Malays to go to the same institution where there were white people ?—Not in the same building.

1607. *Chairman.*] And that would increase the expense, would it not ?— Yes ; those people must pay if they can.

1608. *Dr. Edington.*] There are several asylums in the country ; would you be averse to one or two small wards being attached to each of those for the use of lepers ?—It might be a very good thing financially, but having these patients next to the lunatics might be a drawback.

1609. They need not be actually next to the asylum but some distance away. The advantage would be that you would have a medical staff on the spot without any extra expense. You might enclose a certain piece of ground for the purpose, and provide the necessary comforts ?—It could be carried out in that way, but probably you would find that the localities would not be suitable. For instance, I do not suppose Fort Beaufort would be a suitable locality for a leper asylum.

1610. *Dr. Greathead.*] Do not you think the people of Fort Beaufort would all be up in arms at once at the idea of placing lepers among them ? —The same thing, I apprehend, would apply anywhere.

1611. *Chairman.*] Is there any leprosy in the Fort Beaufort district ?— Yes, a great deal.

1612. *Dr. Greathead.*] Do not you think it is more advisable to have leper establishments away from any populous centres ?—If the patients are isolated it does not make much difference, but there is one point I would draw attention to, as it has often cropped up on Robben Island in connection with this matter. The lepers have an idea that one of the results of this Commission will be that a few of the better class will be allowed to be isolated on the mainland. They all say, "we do not mind going into an asylum, but let it be near our homes." That is an impossible thing to do. I have cases from Bloemfontein, Bedford, Wellington, Malmesbury, and so on, and you cannot satisfy them all, some must be a long way from their homes, if you have one asylum. Of course if you have asylums in different parts of the country as has been suggested, one at Grahamstown, one at the Kowie, one at Fort Beaufort, and one near Cape Town, that would get over the difficulty to some extent.

1613. *Dr. Herman.*] In recommending the Commission to adopt a modified scheme of segregation, I take it that you have carefully studied not only the theoretical but the practical necessities of the case as applied to the Cape Colony ?—Yes.

1614. Taking not only our exceedingly cosmopolitan and varied population into account, but also the peculiar conditions under which they live ? —Yes.

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1615. That being so, are you still in favour of keeping cases on isolated farms?—Only a few exceptional cases. I do not know anything about cases that have not been sent to me. I speak as to cases on Robben Island.

1616. In the same way I take it you are against the establishment of isolated centres or asylums in the different districts of the Colony?—I think it would be very satisfactory as far as the patients were concerned, but I am not in favour of separate asylums.

1617. Are you entirely in favour of continuing the present system of segregation on the island?—With slight modifications.

1618. You are in favour of certain cases being allowed to remain in their own homes?—Yes.

1619. Do you think the fact of certain persons being allowed to remain in their own homes would raise any difficulty in the actual working of the Act?—Each patient would probably want to be treated the same as the others.

1620. Is not that an important point to be borne in mind?—Yes.

1621. Would that weigh against any such modification as you just suggested?—I consider that the great object of segregation is to stamp out the disease in the first place, and to do this in as gentle and mild a manner as possible without adding to the sufferings of the patients. The patients must suffer to a certain extent, and our great object is to have the safest form of segregation, with the least amount of pain to the patients. With these two objects in view, I say, let those patients who are quite unable to pay or assist themselves in any way, and who will not conform to certain regulations, be forced on to Robben Island. Those who are willing to pay and can look after themselves and are well-behaved, might be isolated at certain centres.

1622. You think that segregation should be compulsory?—Yes.

1623. And isolation compulsory too?—Yes.

1624. Do not you think the mere fact of compelling lepers to remain in an institution would lead to the concealment of the disease?—It might to a certain extent, but I do not see how you are going to get over that.

1625. If you have institutions dotted about in different centres and do away with as many of the restrictions as possible, compatible with what we know of the disease, do not you think that would assist in getting cases to come to the asylums and remain there?—They would not hide themselves to such an extent as is done now.

1626. Would it to your mind favour the extermination of the disease as much as compulsory segregation?—I think not.

1627. In what way do you think the Act does not work satisfactorily with regard to segregation; is it not as complete as it can be?—It works well after the patients are admitted.

1628. Is there an absolute separation of the healthy from the diseased persons?—As far as possible.

1629. Is it at all impracticable?—We must have the attendance of nurses and so on to look after the diseased patients, otherwise they are separated completely.

1630. Does the mere fact of the Segregation Act existing give you sufficient authority to separate husband and wife?—I have nothing to do with the law at all on the subject. I would advise that after a certain time husbands and wives be allowed to live together.

1631. *Dr. Greathead.*] How would you provide for that on Robben Island?—I would advise that on the north-west of the island little cottages be built for married couples to live in together.

1632. *Dr. Herman.*] Would you allow healthy women to live with diseased men?—I speak of married patients on the island.

1633. Do you think in the case of segregation on the mainland, armed

guards would be required so as to prevent any escape?—I am certain of it. Even on the island now we have to keep guards constantly patrolling.

1634. *Dr. Dodds.*] Does that apply to the white or coloured patients?—The coloured; the whites are all right.

1635. Do you think there would be any difficulty as regards white patients on the mainland?—There are few men perhaps who would give trouble. Practically there would be no difficulty, and it would be well worth trying with the whites, with the understanding that if they did not obey the regulations, they should be sent to Robben Island. That should be a proviso, and I think that fact alone would keep them quiet.

1636. *Dr. Herman.*] Suppose a case is isolated on a farm, how are you going to attempt any system of complete isolation that would be satisfactory; would not there always be a tendency for a father to mix with his children and live with his wife?—I do not know how you would prevent sexual intercourse. So far as living separately is concerned, there is no danger if they use separate linen and utensils and so on; at all events it would be very small. If you allowed a patient with ulcerations and a diseased surface to live with his family and eat with them, the disease might spread, but if that patient were perfectly isolated, and not allowed to kiss his family or anything of the kind, the danger would be very small.

1637. You say that you could not keep a man and his wife apart?—I say it is difficult, but it should be done until a certain age is reached.

1638. Would you advise rather that instead of allowing cases in their worst form to remain in their houses, or on farms only, certain cases where the disease is either stationary or in a condition of self cure as you call it, should be so isolated?—There would be much more danger from a case in the ulcerated stage.

1639. Would you allow such a case to be isolated on farms?—I would not be inclined to do so.

1640. You know the conditions under which people live on their farms in this country, especially coloured people; would you recommend that the coloured people should receive the same privileges as white people if they are able to pay?—Yes; if they conformed to certain regulations. I would give the preference to those cases which were self cured or arrested.

1641. Independently of their culture or status in life?—Yes; no matter whether they were rich or poor if they were trustworthy people.

1642. *Dr. Dodds.*] If there was a reasonable probability of their being able to conform to the regulations?—Yes.

1643. *Dr. Herman.*]You are aware how difficult it is to get persons who live on farms to follow out the necessary precautions even in the most virulent and infectious diseases, such as diphtheria for instance; in face of this would you still be favourable to allowing patients to be segregated on their own farms; would they not be likely to spread the disease?—If the patients could be depended on I would allow it.

1644. Might not the disease be spread through clothing and so on?—That is a thing that the medical officer in charge of the place should attend to.

1645. *Chairman.*] Would you trust them irrespective of the stage of the disease?—I would be very chary of giving patients in the very ulcerated stage of the disease the privilege of living on their farms.

1646. Would you allow them to do so?—Only under very strict regulations.

1647. *Dr. Herman.*] Is there sufficient to be gained from this farm isolation, to warrant you in running the risk of permitting such patients to spread the disease?—I think so.

1648. Do not you think that an equal amount of privilege might be accorded to such patients if they were allowed to live in small leper communities in certain districts, say in the neighbourhood of the Paarl for instance,

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where they could be quite apart from all healthy persons; would not that be very much more advisable than permitting them to remain on their own farms?—I think not. The great object of allowing them to live on their farms is to make the operation of the Act less rigorous and to satisfy the patients. If you were to place them at the Paarl or any one centre it would give just as much dissatisfaction as if they were on Robben Island.

1649. Have you ever had a case of leprosy on a farm under such conditions; is it not very difficult to enforce isolation?—I have never attended a case of the kind.

1650. Could it be carried out say in Cape Town?—If a patient would guarantee never to leave his premises. It might be rather difficult.

1651. Would there be any risk if the patient were to walk down the street?—I hardly think so.

1652. Would you not be more in favour of establishing small leper villages where the patients could live together under special regulations?—Yes, if you could get the patients to stay there; that is the great drawback.

1653. *Dr. Dodds.*] Who should decide as to whether patients should reside in isolation on farms or in small asylums?—Each individual case should be separately dealt with by some central authority.

1654. Have you any suggestion to make as to such central authority?—I would suggest the medical man of the district from which the patient comes.

1655. *Dr. Herman.*] You are in the habit of permitting the friends and acquaintances of patients to visit them on Robben Island; is there any danger of the disease spreading in that way?—I think a very careful watch has to be kept, and as far as possible we endeavour to prevent intimacy of all kinds by forcing the patients to see their friends in the day rooms under supervision; but at the same time I think that indiscriminate visiting is a bad thing.

1656. In any complete regulations bearing on the subject of segregation would you only permit friends and others to visit lepers under supervision?—Certainly.

1657. *Chairman.*] If the disease were extinguished in the Colony, do you think there is any risk of its being imported from without?—Yes,

1658. Where from?—There is leprosy in the Free State, the Transvaal, Bechuanaland and Natal.

1659. Have you any records of such cases?—There are three cases from Bechuanaland on the island.

1660. Are there any from the Transvaal?—No.

1661. You say there are cases in the Transvaal?—Yes. I have seen cases there.

1662. In what districts?—In Pretoria. They have got an asylum there. From the Free State we have admitted about 100 cases.

1663. With regard to any risk from further inland, have you records of any cases of leprosy among the native tribes?—I have heard that there are lepers in Matabeleland.

1664. Are there any lepers in Basutoland?—Yes, a great many.

1655. Is there any risk of the disease being imported from the coast?—We do not import many coolies, but we might get it imported from India, China, and perhaps Mauritius. There is the possibility.

1666. What safeguards would you adopt for lessening this danger to the Colony?—It is a very difficult matter.

1667. With regard to importing the disease from other States, do you think that any leper found travelling should be detained until the authorities were communicated with; would you give the local authorities power to stop lepers?—It would be very difficult to determine who was a leper.

1668. You mean there would be a difficulty in the diagnosis?—Yes.

1669. Is there any way by which they could be stopped from coming into the Colony from the adjacent territories ?—Only if you passed a law.

1670. How would you deal with lepers if they did come in ?—They should be examined, and all householders should be compelled by law to report any suspected cases of leprosy.

1671. What further steps would you take ?—I would get the magistrate to instruct a medical man to examine the case, and if there was any doubt he might call in the assistance of a second medical man to diagnose the case.

1672. How would you provide for the difficulty of a householder saying it was not a case of leprosy and therefore he did not report it ?—I think that all suspected cases should be reported, not only of leprosy but of all skin diseases.

1673. Would you make it incumbent upon the householder to report any case of leprosy coming in from without ?—Yes.

1674. Would you have all suspected cases inspected by the district surgeon or by some Board, or the magistrate ?—Yes.

1675. Would that to some extent be a safeguard in your opinion ?—Yes. At present we cannot tell whether a case comes from a foreign country or not: there are a number of lepers at large still.

1676. How would you deal with cases coming from the coast ?—I do not know who would be able to examine them.

1677. In the case of coolie ships, might they not be dealt with by the health officer ?—Yes, I think the health officer has to visit every ship. He might inspect ships for that purpose.

1678. In the case of better class passengers arriving from the sea coast, should they be dealt with upon the deposition of boarding and lodging house keepers ?—It would be difficult if you made any class distinction.

1679. If a coolie ship came in you might know there was reason to look for cases of leprosy; how would you provide for that risk ?—The health or port officer visits every vessel that arrives and it is his duty to give pratique. If there was any leprosy on board, it would devolve upon the medical officer of the ship to say so.

1680. *Dr. Hoffman.*] Is the medical officer on board bound to make any such statement ?—Yes, the captain or the medical officer. That would be an additional safeguard.

1681. *Dr. Greathead.*] Have you known of any imported case of leprosy ?—There was a case of an Indian woman who came here, but I believe she has gone back again.

1682. Are there many cases on Robben Island of lepers who have been born in foreign countries ?—Yes, a good many.

1683. Had they developed the desease before they came here ?—Yes.

1684. As to intercepting cases coming from the neighbouring States, how would you deal with Kafirs travelling on foot ?—It would be very difficult indeed to get hold of those cases. The person giving a pass might certify.

1685. Would you insert a special clause ?—Yes, whoever gives the pass might report any suspected case to the magistrate.

1686. *Dr. Hoffman.*] Would you have such cases sent back ?—Yes, unless they were colonial lepers; if they were foreign lepers I would send them back.

1687. Would you make it incumbent on the owners of Kafir huts to report any cases of leprosy ?—I think not; not in the native territories; it would be difficult to get at them. You might perhaps include them.

1688. *Dr. Edington.*] In the case of coolies imported into the Colony, or the coloured population generally, who may be expected, owing to the long period of incubation often existing in leprosy, to get abroad in the country, would you be in favour of all such individuals being forced to report themselves within a stated time to the Civil Commissioner, District Surgeon, or Magistrate ?

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I do not think it is necessary. It is a kind of quarantine that is not required for many reasons. These people will enter upon some occupation, and if they remain in the colony they will be watched and their whereabouts known.

1689. *Chairman.*] Are you of opinion that a leper under any circumstances can be allowed to remain at large without danger of spreading the disease?—No.

1690. Even in the very early stages of the disease would you like to have them under supervision?—Under supervision or isolation.

1691. Would that be as a precautionary measure?—Yes; more as a precautionary measure, because the disease may assume the ulcerated stage at any moment.

1692. *Dr. Hoffman.*] Would you allow them to remain at large after ten years?—Yes.

1693. *Dr. Edington.*] In arrested cases would you allow patients to be at large?—Yes; under certain conditions.

1694. Take the early cases where there are no definite symptoms and where they are very doubtful indeed, might they be allowed to be at large under supervision, before the disease has really manifested itself in a marked form?—They might be allowed to be temporarily at large under certain conditions and under very strict supervision, but with regard to cured cases or arrested cases, they should be allowed to leave the asylum and go at large altogether.

1695. *Chairman.*] The conditions under which you would allow them to be at large would be supervision or periodical inspection?—Yes.

1696. At what intervals should they be inspected?—Every six months.

1697. *Dr. Hoffman.*] Would you allow early cases to be at large under supervision?—Yes.

1698. Is not there a danger of a patient suddenly developing a more marked stage of the disease?—The supervision of cases not developed but known to be leprous should be very strict. If there are anæsthetic patches, it may last for six months or a year before there is any development of other symptoms, at any moment they may become ulcerated.

1699. You admit that there is a danger?—Yes. Such cases, if allowed at liberty, should be under very strict supervision; and they should be compelled to report themselves.

1700. *Dr. Greathead.*] In liberating cases of supposed cure, what form would you go through?—I would have them examined by a board of medical men, and if they were quite satisfied, then the Colonial Office should be approached.

1701. *Chairman.*] Have you any further suggestion to make as to any safeguards?—No, I do not think there is anything else.

1702. In your opinion does Robben Island offer the best available conditions for segregation?—That is a very serious question to answer. Of course being an island, it makes segregation very easy.

1703. Is that the principal thing in favour of Robben Island?—Yes.

1704. Is there nothing else in its favour?—That is the only thing that makes it more favourable than the mainland.

1705. What are your objections to Robben Island as a leper asylum?—I find, according to the records, up to within two years ago, there were very few lepers in the wards, but from the number of cases admitted I find that the percentage of deaths is very high.

1706. Do you think that is in any way due to the climate or soil?—That I cannot tell.

1707. You say the percentage of deaths is high; how do you arrive at that; is it from the increased number of lepers that have come over, some perhaps in an advanced stage, or is it due to the patients being removed from their own climate?—It may be that, but I have a table which shows the death rate ever since the island was started.

1708. What date does that go back to?—Since the first death in 1871.

We have records starting from 1846, and every case that has been admitted has been entered in the books and accounted for. I speak of lepers only.

1709. From 1846 to 1871 did none die ?—No.

1710. *Dr. Herman.*] Have you seen the records in the report on leprosy of the Royal College of Physicians ?—Yes. On page 123 of my annual report for 1892 on hospitals and asylums, there is given a table showing the admissions, discharges, and deaths, and the patients remaining. That is to the end of 1892 ; I have not got it for 1893.

1711. Have you any records for the period between 1846 and 1871 ? —Yes : showing what became of each person during that time.

1712. According to that table were there no deaths at all from any cause on the island ?—No.

1713. *Chairman.*] Does that return you refer to deal with lepers only ? —Yes.

1714. Are any chronic sick included ?—No ; not in any of the returns.

1715. Are there any records about the health of the chronic sick during the period from 1846, as well as the death rate ?—There may be.

1716. Have you the records from which you prepared your tables ? —Yes.

1717. Are they accessible for inspection ?—Yes.

1718. Taking the death rate from 1871, have you anything to show that the lepers have been affected climatically by their removal to the island, or what do you deduce from the high death rate ?—I have a table showing the average number of lepers resident in the asylum for each year from 1871 to 1893, with the probable death rate reckoned at 16 per cent. and the actual death rate. I take it at 16 per cent., which is about the death rate in other countries.

1719. You take the usual average leper death rate ?—Yes, I may state that the proportion has been exceedingly high among the Free State lepers.

1720. How would you explain that ?—I cannot explain it.

1721. What condition did the patients arrive in ?—Some were chronic cases, and some were self cured cases which are still on the island, and some acute, but I cannot explain the high death rate.

1722. Would you regard the state that a patient came to you in as a factor in forming this high death rate ?—It would be unfair to say that the death rate of lepers is so high as the table would indicate. The death rate will gradually diminish on account of the worst cases dying off.

1723. In framing a death rate is it not important to take into account the condition of the patients at the time ?—Yes.

1724. Are the cured cases or arrested cases no worse since their arrival on Robben Island ?—No.

1725. And the mild cases ?—Leprosy has a definite course to run in my opinion, whether on Robben Island or anywhere else, and the patients die within a certain time ; very few exceed 11 years.

1726. *Dr. Edington.*] Would the increased death rate be due to advancing age ?—I think not. It is due, I should say, to the increased number of the patients and the fact of sending all classes in.

1727. *Dr. Herman.*] Can you give us the figures of the death rate since the Act has been in force ?—In 1892 it was 39 against 40 ; the year before 17 against 21, and the year before that 17 against 23.

1728. Can you give the cause of death in each instance ?—Yes.

1729. Is it a fact that last year you had an epidemic of influenza ?—Yes.

1730. And notwithstanding the influenza, you still had a lower death rate than this year ?—Yes.

1731. *Dr. Edington.*] Is there not a considerable amount of typhoid fever on Robben Island ?—No. There have been some cases.

1732. Is typhoid fever in more or less a pronounced form endemic on the island ?—No, there are cases.

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1733. Every year?—No, not every year.

1734. *Chairman.*] What was the total number of cases last year?—Sixteen. We had one case before.

1735. *Dr. Edington.*] Are the sanitary arrangements on the island defective?—They are not good, but they are being improved.

1736. *Dr. Greathead.*] What arrangements are made for disposing of the night-soil?—Formerly if was buried at the back of the island, but now it is thrown into the sea.

1737. Is any sort of disinfectant used?—We use disinfectants in the wards and in the closets, but not after night-soil is put into the carts.

1738. Have you the tub system on the island?—Yes.

1739. With or without earth?—Without earth.

1740. And how is the urine disposed of?—We are having drainage put in now.

1741. *Dr. Herman.*] Will you give us a rough idea of the diseases most prevalent among the lepers this year?—The chief thing is erysipelas.

1742. What percentage of the patients is affected with erysipelas?—Generally about three or four in all the wards.

1743. Does it affect only the tubercular cases of leprosy?—Mostly the tubercular cases and also the mixed, but not the anæsthetic.

1744. Does it affect all cases where there are specially wounded surfaces?—Yes.

1745. Are there particular wards where it is more liable to occur?—No.

1746. What is it due to?—I suppose it is due to the erysipelas bacillus. It may spread from case to case; just now we have no cases at all.

1747. Does it not frequently occur in certain wards?—You have two or three cases, and then it stops for a couple of weeks.

1748. Is it a special form of the ordinary hospital erysipelas?—I think so, it is just the ordinary form.

1749. Do you think it is due to the fact of a large number of sick people being crowded together?—That may be.

1750. Some of the wards are very nice and airy, the large white wards, is it equally common there?—We have had it there just as frequently as in the wards where the worst cases are. We do not have it frequently.

1751. Is the percentage of mortality from this cause very high?—I have only known of one death from that cause. The face gets very much swollen, but the patient does not seem to suffer much.

1752. It is remarkably fatal?—Not in leprosy.

1753. *Dr. Edington.*] Does that form of erysipelas affect people who are not lepers?—No. I have not had a single case of erysipelas except in the leper wards, and it is a mild form.

1754. *Dr. Herman.*] Is it not less likely to occur in the wards which are more open and better ventilated, and where a smaller number of persons are confined?—It would be so if erysipelas was confined to the wards where the most ulcerated cases were kept, but it is not so in the out wards. We have a hospital ward and other wards were the milder cases are kept. It is the mild cases that get it, and then they are brought into the hospital ward.

1755. What amount of cubic air space and floor area do you allow for each bed?—800 cubic feet. The wards are built for 80 cases and some have not got 80, but the majority have.

1756. Do you consider 800 cubic feet sufficient?—I think so.

1757. What are the other causes of sickness?—Diarrhœa.

1758. What kind?—Leprotic.

1759. Has it any connection with typhoid fever?—No, not at all; there is no fever with it.

1760. Had you any cases of lepers affected with typhoid fever?—Never.

1761. Where does typhoid fever occur?—Among the attendants in the village.

1762. What is the nature of this diarrhœa?—Just the ordinary leprotic diarrhœa due to blood poisoning. The whole system is saturated. You only have it where there is extensive ulceration and necrosis.

1763. *Chairman.*] Is it coincident with the erysipelas attacks you spoke of?—No.

1764. *Dr. Herman.*] Does the diarrhœa affect the patients all the year round?—Yes, always.

1765. Is there not a form of diarrhœa which is due to insanitary condition?—Insanitary conditions have no connection with it.

1766. Is it more frequent in those wards where you have the cesspits?—We have no cesspits at all.

1767. There were formerly, were there not?—Not for fæcal matter; simply for urine and slop water. Diarrhœa only picks out those cases suffering from extensive ulceration. You may have a perfectly healthy man lying beside a man with diarrhœa, and it only affects him; it is the last stage of the disease.

1768. Has it any connection with waxy disease of the bowels?—I do not know.

1769. Is the percentage of deaths from diarrhœa high?—They just die from that.

1770. What other causes do they die from?—General wasting, constant irritation, and the drain on the system.

1771. Do many patients die from phthisis?—Yes, a good many.

1772. Is it tubercular phthisis?—Yes; tuberculosis, or chronic phthisis. They generally die from ulceration of the throat and choke if you do not perform tracheotomy, and then they live a long time, but they may have pure phthisis.

1773. In the tubercular form of leprosy is there ulceration of the laryngitis?—Yes.

1774. In what form of leprosy do you get death from phthisis?—In both forms.

1775. What other diseases do you find affect lepers?—Nothing specially. We have had two or three cases of pneumonia.

1776. *Dr. Fismer.*] And bronchial affections?—Yes.

1777. *Dr. Herman.*] The lepers themselves complain much of the cold on Robben Island, do you consider there is any reason for the complaint, in connection with bronchial affection?—Temperature and climate make very little difference in the mortality. I have prepared a table showing the deaths actually occurring every month from 1871. If you look at that you will find there is very little difference in the various months as compared with one another. It ranges from 25, the lowest, in April, to 34, the highest, in December. If anything, the patients die a little more in summer than in winter.

1778. Does not the fact of so large a proportion of lepers dying on Robben Island militate against the suitability of the establishment?—The death rate is high, but there may be an explanation in this way, that all classes of cases have been crowded on to Robben Island lately; 353 cases were admitted during the year 1893, and a large number in 1892. Very few lepers exceed four years residence on the island.

1779. *Chairman.*] Were these cases in an advanced stage of the disease?—Yes.

1780. Can you state from actual observation that the climate of Robben Island operates prejudicially?—I think not, although last year the death rate was very high, but I attribute this more to the large number of bad cases that have been admitted.

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1781. *Dr. Herman.*] Do you consider that there is overcrowding?—No. The male leper wards are not at all overcrowded.

1782. Is the high death rate due at all to insufficient food?—We cannot account for it. I put it down to the fact of a large number of bad advanced cases being admitted.

1783. *Dr Edington.*] Can you, in view of the fact that last year there was a higher number of deaths than might have been expected, prepare for the Commission a return showing the percentage of deaths among those who have already been on the island, as compared with those who have just arrived?—Yes, I have a table showing how long the 40 patients, who died, lived in the asylum. Out of 40 patients, 23 died within the first year of their admission; the average period of their stay was only two years and one month. This year the average stay of those admitted is one year and six months. That shows that a large proportion of the cases was admitted in the advanced stage and that it is not due to climatic influences at all.

1784. *Chairman.*] Can you prepare tables in support of that for the information of the Commission?—Yes, I am doing so now. Of the 114 patients who died last year, 65 died within the first year after admission. Some of them were admitted in 1892. The average duration of their stay is one year and six months, 26 died within two years, so that climatic influences could not have had any effect.

1785. *Dr. Herman.*] Do not the lepers themselves blame the climate for their bad state of health and the high death rate?—That is easily accounted for.

1786. *Dr. Edington.*] Is it a fact that the Free State or Bechuanaland lepers contribute largely to the high death rate, seeing that they are suddenly removed from a high altitude and brought down to a low altitude and exposed to the south east winds and other conditions?—The average number of Free State lepers on the island during last year was 64, and the actual deaths 24, something like 37 per cent.

1787. *Chairman.*] How long have they been on the island?—Some were admitted in 1892 and some in 1893.

1788. Have you any records showing the condition they were in when they arrived?—Yes; I can give you information on that point. The Free State lepers have suffered in some way or other.

1789. How many lepers are there from Bechuanaland?—Only three altogether.

1790. *Dr. Greathead.*] Is not the high rate of mortality due to the Free State sending down the bad cases?—They do not.

1791. *Chairman.*] Do the Free State arrested cases remain well?—Yes; they have not gone back in health.

1792. The arrested cases from the Free State, do they still remain in good health?—Yes.

1793. And those suffering from a mild stage of the disease, do they remain in the same condition?—Yes; I have not taken the weight of the patients, but from their general appearance they appear to have put on flesh.

1794. Are the patients all there for the inspection of the Commission?—Yes, and you will see that they are in a good state of health.

1795. Do not you think coming from a high to a low altitude prejudicially affects the patients?—No, I do not think climatic influence has any effect on the high death rate. I am trying to find out the cause.

1796. *Dr. Greathead.*] Do you make any meteorological observations on the island?—No. I have a rain gauge only.

1797. Have you a thermometer and a barometer?—No.

1798. Would you like to make meteorological observations?—Yes, it is an important thing. If I had a barometer I could have given you some better information.

1799. *Dr. Edington.*] Could not you get the necessary instruments

from the Meteorological Commission?—I asked the Government and they said it was not necessary.

1800. *Chairman.*] Do you consider that the soil exercises any influence upon the health of the patients?—I think not. You have clay, shale, sand and stone. The superficial surface is sand, and underneath that there are rifts, and between the rifts at various depths you have clay.

1801. Is there anything in the soil of the island, as far as you know, that would act prejudicially upon the health of the patients?—I think not.

1802. Is there anything in the general characteristics of the island that is likely to be prejudical?—No, I may say that the soil is very suitable for tree planting.

1803. What sort of trees?—Shrubs are the best. Vegetables also grow very well.

1804. Are there any growing on the island now?—Yes.

1805. *Dr. Edington.*] Is the pressure of the wind heavy?—Not more so than in Cape Town.

1806. *Dr Greathead.*] Is tree planting carried on to any extent?—I have planted about 20,000 trees.

1807. Do you encourage gardening on the island?—Yes, but the patients will not do anything for themselves. Among the attendants and workmen I encourage gardening, and some of them have very good gardens indeed.

1808. Do you do what you can to beautify the island?—Yes.

1809. Does grass grow there?—Yes, but mostly clover. To show you what can be done, two years ago I enclosed a piece of ground at the back of the island 200 yards by 100 in extent, and sowed it over with a muid of rye. It grew up without any irrigation or attention and yielded an abundant crop of grain.

1810. *Dr. Edington.*] Is there any reason why, instead of being a desert island, it should not be made productive?—No. I may say that I left the rye growing as a cover for birds, and the grain that was not eaten by them grew up and yielded a second crop as good as the first, and it is standing there now. There were two crops from one sowing.

1811. *Chairman.*] Is drainage wanted on the island?—Yes. The view from the island of the mainland is excellent. The island is exposed, but we do not get the wind nearly as strong on Robben Island as in Cape Town.

1812. Have you any means of determining the force of the wind on the island?—No.

1813. *Dr. Edington.*] Could you plant blue gum trees in exposed situations?—I do not think they would suit.

1814. *Dr. Greathead.*] What trees are the most suitable?—Wattles.

1815. Is there any shelter for the patients on windy days?—Only in the wards as far as the leper patients are concerned, but I intend next season to plant a number of trees.

1816. *Dr. Herman.*] Do you think they will grow?—I am certain they will. There are a lot of trees, but they have been neglected.

1817. Is there plenty of water?—Yes.

1818. Does the north-west wind affect the island prejudically?—Yes; it is a damp wind. The northerly winds are sometimes violent in the winter months; that is the rainy wind.

1819. What is the climate like after rain?—Very pleasant. I consider the climate of Robben Island very pleasant indeed.

1820. Would you recommend it as a dry climate?—Certainly. It has only about half the rainfall that Cape Town has.

1821. Are there any rapid alternations of temperature?—It is hot and dry in the middle of the day and cool in the evenings.

1822. *Dr. Edington.*] Is it as cold as Cape Town?—No, it would have a better mean. It is a dry heat there, not a damp heat.

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1823. *Dr. Herman.*] As to the water supply, we were told by Dr. Gregory that there was so little water, that a supply has to be brought from the mainland for the patients?—That is not correct. It is not because there is a deficiency of water. Two years ago there was a case of typhoid fever on the island and I was asked to have the water analysed. Robben Island is a natural reservoir, and there is a large number of small reservoirs in which the rainfall is collected. These are tapped by means of wells. The soil is very sandy, and the water percolates into these wells. If you examine the water you will find a lot of organic matter in it, and the idea was that the typhoid fever was due to this, and to satisfy the people I was told to get water from Cape Town. At the present time I am getting all the drinking water from Cape Town, but I am perfectly satisfied in my own mind that the water on the island is good. I have used it ever since I have been there, and there are people living on the island now who, until recently, never tasted anything else but Robben Island water, and there was never any case of sickness; the children are in perfect health, and there has been no case of illness among them, and we have about 100 on the island. There has never been any epidemic of any kind. I think the water is good, but to satisfy the patients and to show that we tried to do our utmost for their comfort, we have been getting Cape Town water for drinking purposes. In order to provide for the future I have had constructed a large number of underground tanks; one of these has been filled, but the others have not had a chance yet. After this season we shall not require to get any water from Cape Town; for sanitary purposes and irrigation we have two wells and wind-mill pumps, and the water gravitates from tanks to different parts of the island; these tanks supply enough water for washing, cleansing and other purposes. The drainage system is not yet complete, but when it is, we shall not have to cart the night-soil away, but I think it would be safer to cart it to the other end of the island and tip it into the sea. The drainage at present is not satisfactory, but it will be in a very short time. We are working at it now.

Dr. P. Landsberg.

Dr. P. Landsberg examined.

1824. *Chairman.*] You are consulting physician at the Old Somerset Hospital?—Yes.

1825. Have you had considerable practical experience of leprosy?—I have seen many cases; of course as you know, I have been a general practitioner and one of the hardest worked men in the Colony, so I have not been able to give much special attention to cases of leprosy.

1826. During your experience at the Old Somerset Hospital how many cases of leprosy have you come in contact with?—Several hundred cases. I have seen cases on Robben Island also.

1827. When in the course of your practice did you first come in contact with leprosy?—I should say it must have been in 1865.

1828. And from that time up to the present date, have you seen cases of leprosy?—Yes.

1829. Were cases of leprosy detained at the Old Somerset Hospital for any length of time?—They were detained as long as I could possibly manage to keep them there, but merely the females, the males have always been on the island.

1830. Did the female lepers at the Old Somerset Hospital mix at that date with the other inmates of the establishment?—No, they were kept separate.

1831. I ask that question with a view to elicit from you your opinion as to the theory of contagion; you say they did not mix with the chronic sick at all?—No.

1832. Did any of the attendants ever contract leprosy?—Not one.

1833. What stages of the disease were the lepers at the Old Somerset Hospital in?—They were in all stages; some had ulcers, and some offensive

discharges from the feet and hands, and those who had the tubercular form suffered very much from their throats.

1834. What forms of the disease do you recognize?—The anæsthetic and the tubercular.

1835. *Dr. Edington.*] Have you seen the mixed form?—Yes.

1836. *Chairman.*] Have you seen the syphilitic form?—Yes.

1837. Is that a distinct form?—Yes.

1838. Is syphilis super-added to leprosy?—Yes.

1839. *Dr. Edington.*] Does syphilis interfere with the manifestations of leprosy itself?—In some cases it was difficult to say which was the predominant disease.

1840. You cannot say that the leprosy itself is interfered with by the syphilis; it is simply that they both co-exist?—One simply aggravates the other; they do not produce a new form of disease.

1841. *Chairman.*] Have you approached the study of cases of leprosy from a clinical aspect only or from a pathological or bacteriological aspect?—Merely from a clinical aspect.

1842. Approaching the question of contagion from a clinical aspect, are you of opinion that the disease is contagious?—I cannot speak positively, but I have met with some cases where one would almost think that there must be some means of communicating it. I have known and attended certain white families who appeared to be perfectly well for years, when a member of that family has developed leprosy; where it came from I do not know.

1843. Broadly speaking, at what stage would you consider the disease contagious?—I think it is contagious in the ulcerated stage only.

1844. Do you think there is any risk from the prior stages of incubation?—No; I cannot speak positively, but that is my feeling.

1845. Can you give us any cases bearing out your opinion?—I know of three cases, all Europeans.

1846. Did they contract the disease from Europeans or from coloured people?—That I cannot say. It is very possible that in one instance the disease may have been contracted from cohabitation with a leper woman.

1847. Have you any notes or records of the cases to show the conditions under which the disease was contracted?—No positive records.

1848. Can you give the Commission the names of the persons?—I should not like to do that.

1849. *Dr. Edington.*] Has leprosy spread in those families you refer to?—No; but I have heard a rumour that one party hid himself afterwards.

1850. *Dr. Herman.*] Are those persons on Robben Island?—No: one is in Europe, and I think one died on the island.

1851. *Chairman.*] Would those cases you refer to cast any light on the question of contagion?—I do not think so.

1852. Is that the only evidence you can give us in support of contagion?—Yes; I think those cases incline one to belief in contagion.

1853. Can you give us any clue to the case on the island?—No; I have no record. You might look up the returns sent from the old Medical Committee; it might be there.

1854. What has become of the old Medical Committee's minute books?—Every month a return was furnished. The minutes should be in the Colonial Office.

1855. Then the only evidence you have is these cases you have mentioned; and you think the contagion might have spread in the ulcerated stage of the disease to healthy people, but you have no scientific record?—No.

1856. *Dr. Edington.*] Are you convinced in your own mind that the disease is contagious?—I cannot speak positively.

1857. Would you care to expose children to the risk of infection?—No, I would not.

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1858. Your opinion is strong enough to make you take steps to prevent that ?—There is great liability of communicating the disease.

1859. You believe in the communicability of the disease in some way or another ?—Yes.

1860. *Dr. Greathead.*] Have you visited any other centres where leprosy was prevalent ?—I have only seen cases in town and at the hospital and on Robben Island.

1861. You are at present in practice; do you notice whether there is much increase in cases of leprosy in town ?—Before the Act was passed there were several lepers in town, but their friends took a great deal of care to hide them as far as possible latterly, when they heard the Act was about to be passed. Formerly you could see them on fish carts and hawking vegetables about and so on.

1862. *Dr. Herman.*] You have had the largest general practice in Cape Town for a long time, have you not ?—I have had the greatest amount of work.

1863. I believe you had the medical work in connection with the Free Dispensary as well as a very large club practice, and no one knows Cape Town and the people better than yourself from your experience in visiting from house to house ?—Yes, particularly the lower classes, the Free Dispensary patients.

1864. Is it your opinion that leprosy has been for some years very largely on the increase ?—It has been on the increase, but not very largely, I should say.

1865. In going about from house to house, have you ever found any evidence that would lead you to suppose that there was anything peculiar in the development of leprosy among certain classes of people ?—I have noticed that in the offspring the osseous system was very brittle.

1866. Does the disease particularly affect fishermen or washerwomen or agricultural labourers ?—Not that I know of. It affects all occupations and all colours.

1867. Has diet anything to do with the disease ?—I should think, judging from the hospital treatment and the way it arrested the disease after patients were admitted, that foul air and bad diet had something to do with aggravating the disease, but whether that gave rise to it is a question I cannot answer.

1868. *Chairman.*] Do you think vaccination has anything to do with the spread of leprosy ?—I have not noticed it.

1869. I suppose you have vaccinated a great deal, have you not ?—Yes. I have vaccinated children of all classes, and I cannot trace one case where I could say that a child had developed leprosy through vaccination.

1870. How many years have you been vaccinating; I believe you are public vaccinator ?—Yes. I think I got my appointment in 1871.

1871. Probably you have vaccinated thousands of persons ?—I know that I vaccinated in one morning, 550 children, during the small-pox epidemic; in ten days, I vaccinated 5000 children and others.

1872. What method did you employ ?—Arm to arm; that was the only way; we had not sufficient lymph, and pressure was brought to bear to vaccinate as many children as possible. There was no other method.

1873. How many years ago is that ?—In 1882.

1874. Later on, say in 1890, how did you vaccinate ?—Still arm to arm. It is only since we have been able to get the virus whenever we wish to have it, that we can vaccinate from the tubes.

1875. Now you use calf lymph, I suppose ?—Yes.

1876. Is it colonial calf lymph developed at the colonial bacteriological institute ?—Yes.

1877. Did you ever come across a case of leprosy which you supposed was contracted from arm to arm vaccination?—No.

1878. Have you ever come across a case of leprosy likely to be contracted through the other mode of vaccination?—No.

1879. Have you ever come across a case which has been developed through any form of vaccination?—Not that I could trace.

1880. In getting your stock of lymph, especially in the earlier period, did you select it from the arms of white children?—Yes, I have, and I have vaccinated coloured children from healthy coloured children.

1881. *Dr. Edington.*] Apart from any suppposed danger through vaccination, are you of opinion that calf lymph is the best form?—Yes, it is the best form in such a place as the Cape Colony.

1882. *Chairman.*] Have you formed any opinion with regard to the question of heredity in connection with leprosy?—I cannot speak positively, I have known of leprous parents having leprous children.

1883. What is your own idea as to heredity; do you recognize the actual transmission of the disease from parent to child or the transmission of a predisposition only: do you draw any distinction?—I think the disease is transmitted from the parent to the child direct.

1885. Have you ever seen a leprous child at the time of birth?—Not at the time of birth.

1886. What is the earliest age?—As young as three or four years perhaps.

1887. Have you seen many cases?—Several.

1888. Have you any records of those cases?—No, the cases were brought to the old hospital and sent to the island.

1889. Are they alive?—I cannot tell.

1890. Might not that raise the question of predisposition to the disease being a factor?—Yes I think there may be predisposition.

1891. Have you any records of any case that would bear out the idea of heredity pure and simple, actual transmission?—No.

1892. Have you any record of cases of predisposition?—No.

1893. Have you seen cases of leprosy in which there is a marked family history?—At the Old Somerset Hospital there were several women who were related; they would form a family group.

1894. As to the period of incubation in leprosy, have you formed any idea as to that?—No.

1895. Do you believe the period to be very long?—I cannot say.

1896. Do you think it to be long or short as far as you have observed it?—I cannot say.

1897. Have you never seen a case of a suspected leper and watched such case till the disease has developed?—No.

1898. *Dr. Greathead.*] In cases of suspected leprosy would you recommend that they should be kept under observation or would you allow them to go free till the disease was pronounced?—It is difficult to take away the liberty of the subject because you suspect that there is leprosy.

1899. Do you think that there would be any danger to the community by allowing such a person to go about?—No.

1900. *Chairman.*] Do you believe in the spontaneous origin of the disease in healthy people?—I cannot say.

1901. How does the disease spread mostly; by contagion?—I cannot say positively. I should say there is an hereditary predisposition.

1902. Do you know of any case of leprosy arising from sexual intercourse?—No. I do not.

1903. Do you know any case of leprosy where the disease has either been cured spontaneously or arrested or cured medicinally?—I have seen at the Old Somerset Hospital several cases where the disease has been arrested.

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Some of those cases have been allowed to leave the hospital, and they have returned as bad as when they were first admitted.

1904. Are there any records of a patient leaving the hospital and coming back again?—It would be entered as a discharged case. Mr. Needham, the superintendent, might be able to tell you.

1905. Would such a patient be discharged because he had an arrested form of the disease?—No; several patients have been discharged because we had no power to keep them.

1906. *Dr. Edington.*] Have you ever in the course of your experience in the Cape Colony seen a case where the arrest of the disease was to all intents and purposes permanent?—No.

1907. If you were told by a medical practitioner that he knew of a considerable number of cases which in a comparatively short time had been permanently arrested, would you believe it?—I should be very doubtful about it.

1908. *Chairman.*] Suppose a patient left the hospital and returned, and was bad again, would you be inclined to infer from that that the improvement in health continued so long as such patient was under favourable conditions?—Yes; good food and healthy surroundings no doubt exert a beneficial influence, but when patients return to poor living and unhealthy surroundings, that no doubt tends to induce the disease. I do not know of any case where there has been a permanent cure.

1909. Nor any permanent cure from medicinal treatment?—No.

1910. *Dr. Edington.*] Do you know of any drugs that have a material effect upon the disease?—Gurjun oil is used, and I have always allowed patients as much fat as possible, but whether it does good I cannot say.

1911. Have you seen any drug which has any effect on the disease?—No.

1912. *Dr. Greathead.*] In the arrested cases you spoke of, what was the form of the disease?—The anæsthetic form. The patients came back with their faces swollen and ulcerated, the voice was gone, and they ultimately died of phthisis.

1913. Have you ever seen any case of tubercular leprosy arrested?—No. The tubercular cases generally progress, but the anæsthetic form seems more amenable to arrest than the other.

1914. *Dr. Fismer.*] Have you followed up any of those arrested cases for any considerable time?—As long as they remained in hospital they continued well.

1915. How long did you observe them?—Several years.

1916. More than ten years?—They were not so long in the hospital as ten years. Formerly we used to send them away; it is only latterly that we kept the females on the mainland, because they were always trying to have connection.

1917. Have you ever seen any arrested cases in Europeans?—No.

1918. *Dr. Edington.*] If you saw any case that was free from ulceration, would you consider that such a patient could be allowed to go at large during the arrested stage?—I do not think it would be advisable to allow such a case to go at large; a patient might revert at any moment to his former condition and be the means of danger.

1919. *Chairman.*] Are you acquainted with the system of segregation under the existing Act?—Yes: a patient is removed to the island upon the certificate of a medical man and the field-cornet, under the Governor's warrant.

1920. Do you consider the present mode is sufficient to safeguard the interests of lepers?—I think it would be as well to have two medical certificates, the same as in lunacy cases.

1921. *Dr. Edington.*] Do you think the certificate of a field-cornet is of much value?—No; it is not worth the paper it is written on. He might know when he saw a case of advanced leprosy but not otherwise.

1922. Who do you think should be compelled to give information about any case of leprosy; would you be in favour of making it obligatory on medical men to report such cases?—It would be well if the Segregation Act is to be carried out. I think all medical men should be compelled to report cases of leprosy.

1923. *Chairman.*] If a medical man went to a house in the ordinary way, and happened to see a leper there, do you think he should be compelled to go to the magistrate and report it?—Yes.

1924. Would not that tend to the concealment of the disease?—People have always tried to conceal it.

1925. Would it not tend to increase the tendency to concealment?—No. People would come to recognise that it was the law.

1926. How would you get cases not under medical attendance to the notice of the authorities; would you make it incumbent on the householder to report them?—Householders have to report infectious and contagious diseases at present.

1927. Would you include leprosy?—If there is a case of leprosy likely to be a source of public danger, I think a medical man should be compelled to report it.

1928. Would you compel householders to report?—Yes, in addition to the medical attendant.

1929. To the local authorities whoever they might be?—Yes.

1930. In connection with the question of segregation, would you be in favour of having a probationary station to receive these lepers, or would you transmit them direct to the island?—I would keep doubtful cases under observation.

1931. Would you keep all cases under observation for a time?—Cases admitting of no doubt in regard to diagnosis could be forwarded at once.

1932. Would you empower the authorities at the hospital to keep all patients there for a probationary period as a safeguard against error in diagnosis?—Yes.

1933. Would you specify a time within which such cases should be reported on?—That I could not say.

1934. Would you say three months was a sufficient time to detain a patient under observation?—I think so.

1935. Who would you call upon to report on doubtful cases; would you say the officials of the hospital or would you have a separate Board?—I think there should be a separate Board to examine such patients where there was any doubt; it would be better than the officials.

1936. Do you think the segregation on Robben Island should be complete as regards the sexes?—Yes.

1937. Would you fix any limit as to age; do you think where women had passed the child bearing age, married couples might live together?—Yes. I would modify segregation in that direction.

1938. Would you under any circumstances discharge patients from Robben Island if they suffered from leprosy?—If there is any meaning in segregation, I say once a leper always a leper.

1939. Would you be in favour of establishing leper residences on the mainland?—I think it would be very difficult to keep the lepers together. I think they would escape. I do not believe there is a more difficult class to deal with than lepers.

1940. White as well as coloured?—I can only speak as to those I have under my care; they belong to the lower class. The better educated class might be more amenable to discipline if they were removed to the mainland.

1941. Your great objection would be the difficulty of preserving complete segregation on the mainland?—Yes. If farms were properly enclosed, leper patients might be allowed to be isolated there perhaps.

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1942. Would it be necessary to have guards and warders to watch the lepers ?—Yes.

1943. Do you think it would be possible to carry out the isolation of the better class of lepers on their own farms or in their own houses ?—I think you would find it very difficult.

1944. Would it be more difficult to deal with the coloured classes ?—Yes.

1945. Would you be in favour of modifying the Segregation Act in the case of the more cultured patients in the direction alluded to ?—I think so.

1946. Could they be isolated on their own farms ?—I think so, if they were watched.

1947. You think there should be a guard over the farm ?—Yes.

1948. Would not the people round the farm shun such patients ?—If it was a repulsive case they might, but not otherwise.

1949. With reference to isolation, would you take into consideration the stage of the disease ; if it was in the early stage would you let a white patient be isolated on his own farm ?—Yes.

1950. And in the case of coloured patients also ?—Yes ; you could not have class legislation. They would look upon it as a hardship if they had not the same privileges. You must, however, have thorough isolation in any case, which would be most difficult.

1951. *Dr. Edington.*] Suppose you had to deal with white patients who were fairly well to do and who did not care to be removed to Robben Island, would you have any objection personally to small leper stations on the mainland attached to the principal asylums throughout the Colony, if there was proper segregation ?—I do not think I would have any objection. They might have separate accommodation according to their means.

1952. *Chairman.*] Do all the patients on Robben Island live together ?—The white and coloured patients are separated.

1953. Are the forms of the disease classified on the island ?—I have not been there for some time.

1954. Are you of opinion that Robben Island is a suitable place for a leper establishment ?—It is so far favourable for segregation that it is away from the mainland, but I think at certain times of the year it is very cold and bleak for the patients.

1955. At what times ?—In the winter season.

1956. Is the climate favourable in the summer season ?—Fairly so, like everywhere else it is hot in the summer and there are no trees for shelter. It is unbearably hot at certain times of the year.

1957. Are the conditions of Robben Island generally as to climate and soil prejudicial in any way to the lepers ?—I do not think they are the most favourable you could find.

1958. Would they be unfavourable for lepers coming down from higher altitudes, as for instance from Bloemfontein ?—Robben Island is exposed to the north-west winds in winter, which are prejudicial to patients wherever they come from.

1959. Have you any records to show that the death rate is greater in winter ?—Some of the lepers have lived a long time on the island. The hospital returns would show whether the death rate is greater in winter.

1960. Is the absence of trees a drawback ?—Yes.

1961. Do you think that can be overcome ?—Yes ; no doubt trees could be got to grow.

1962. Are there any points in favour of Robben Island except that it is away from the mainland ?—That is about all.

1963. Is the view good ?—Yes.

1964. Could the island be improved by tree-planting ?—Yes. Money will overcome everything.

1965. Have you ever lived on Robben Island yourself ?—No ; I have only visited the place.

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1966. Do you think the Leprosy Act works well at present?—I could not say.

1967. Have you no information on that point?—No.

1968. Do you think that people are really glad to allow their leprous relatives to go to the island?—I have no information as to that.

1969. Have you formed any opinion as to that?—I think myself that although they make a fuss, in many cases they are glad, especially so with regard to the lower class. The Malays have always raised a strong objection.

1970. Are you conversant with the administration on Robben Island?—No.

1971. Do you inspect the island occasionally?—No.

1972. Is there any danger of leprosy coming into the Colony from the neighbouring states?—It is possible.

1973. And from the sea cost?—Yes.

1974. How would you prevent that aspect of the question?—I suppose if any such lepers are in the Colony they become amenable to the Act.

1975. Could you make any suggestion with regard to finding out lepers when they come into the Colony?—There would be some difficulty.

Mr. S. Needham.

Mr. Samuel Needham examined.

1976. *Chairman.*] What is your position?—I am superintendent at the Old Somerset Hospital.

1977. Have you held that appointment for many years?—Since September 1st 1875.

1978. Have you among your books at the Old Somerset Hospital any records showing the time when lepers were first admitted at the Hospital?—The only records I have got relate to the females.

1979. Were there any records before you came?—No.

1980. Since you came in 1875, have you established any system of recording the entrance and discharge of leper patients?—Yes; the date of admission, the time of their stay, when discharged and how discharged.

1981. Can the Commission have access to the books?—Yes.

1982. That was antecedent to there being any law as to segregation, and therefore lepers could at that time go out and come in as they pleased; when did that cease to be so?—On the 4th of February, 1887. The lepers are now passed through the Old Somerset Hospital to Robben Island.

1983. Originally lepers could claim their own discharge, could they not?—Yes.

1984. Now the Old Somerset is only used as receiving house for lepers, is it not?—Yes.

1985. Are the lepers kept separate from the other patients?—Yes, there is a separate room for them.

1986. Have you any records bearing upon the health and condition of the lepers at the hospital?—No.

1987. Were they ever at any time allowed to mix freely with the chronic sick?—No: they were in a yard by themselves, and not allowed to mix with the chronic sick. They had a small yard of their own, and a bath-room, closet, and so on, separate from the others.

1988. Did you find the lepers a difficult class of persons to deal with?—Yes, very much so.

1989. Do you speak of the white or the coloured?—The coloured are the most disodedient, insolent and troublesome: they simply set you at defiance.

1990. Would that be a difficulty if the lepers were allowed on the mainland?—Yes. It would be difficult to keep them in order without guards. The coloured lepers are more difficult to deal with than the white patients.

1991. Have you gathered that from actual observation?—Yes.

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1992. Have you any records of any breaches of discipline by lepers?—I cannot say from memory.

1993. Will you look that up?—Yes, if it was anything serious it would be entered in the report book.

1994. Would it be recorded in any other form?—No. They have set Dr. Landsberg, the matron, and myself at defiance.

1995. How did you deal with them?—You could do nothing. The magistrate said they would have to be brought to town to be dealt with.

1996. You think that if such patients were segregated on the mainland they would be difficult to deal with unless they were guarded?—Yes, and it would be a difficult job then.

1997. Have there been many white lepers at the hospital?—A good many have passed through.

1998. Did you find less difficulty in dealing with them?—There was never any trouble as far as I remember.

1999. Were some of the white lepers persons of a superior stamp and who had property?—I cannot remember any case of that sort. We have only females now permanently at the hospital. They complain very much of being detained.

2000. *Dr. Greathead.*] Do you consider that the male lepers are sufficiently isolated at present at the Old Somerset Hospital?—I think so. We do not keep them there any time.

2001. Can the chronic sick patients get to them?—They can converse with them, but the attendants and warders are constanly about to and fro.

2002. Have you ever found any of the other patients in the leper department?—Never. I should book them as soon as they transgressed the rule.

2003. Is not the gate often left open?—I do not think there is much risk of any communication.

2004. Have you ever seen any case that you could attribute to contagion?—There was an Englishman who passed through my hands some years ago. I think he came from Saldanah Bay. He seemed rather backward at conversation at first, but he let out that he got leprosy through cohabiting with a Hottentot woman who died from the disease.

2005. What became of that man?—I could not say. I forwarded him on to the island.

2006. Is he there now?—No.

2007. Do you know his name?—No, it is 10 or 11 years ago; he was a seafaring man. He only passed through the hospital on his way to the island.

2008. Have you no record of the patients passing through; their names and so on?—I do not think so.

2009. Could you trace this case in any way?—He had been a seafaring man and had deserted from his ship. He was an elderly Englishman, healthy looking, about five feet high.

2010. Do you think he could be traced?—I think he could be. He said that that was the only way he could account for the disease; he had nothing the matter with him when he left his ship, I felt very sorry for him as he seemed of the better class. I had a long talk with him.

2011. Did he say anything about the woman?—He told me that she died of the disease.

2012. Where?—Somewhere about Saldanah Bay.

2013. This was just the man's statement?—Yes.

2014. Did he give you any other information?—No; he said that he had no symptoms before.

2015. Do you know of any case of contagion among the attendants at the hospital?—No.

2016. Do you know of any case of leprosy spreading to the chronic

sick ?—No ; my attendants used to sleep in the same room as the female lepers, and there was never a case of contagion, they never even complained of ill health.

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2017. That is since 1887 ?—Yes ; from 1875 to 1887. The attendants sleep continually in the same ward, and there is a daily average of twelve patients. I have sent the nurse over to the island in charge, and she has remained there some time.

2018. Have you any other records bearing upon the question of leprosy at all ?—None whatever.

2019. Do you know whether any medical histories of the cases at the Old Somerset Hospital have been kept ?—No.

2020. Was any book kept from 1875 to 1887 detailing the cases ? —There were no books at all when I went there except one showing the date of admission and the date of discharge, or death.

Cape Town, Thursday, February 15th, 1894.

PRESENT :

Dr. Murray (Chairman).

Dr. Fismer,	Dr. Edington,
,, Dodds,	,, Herman.
,, Greathead,	

Dr. George Eyre examined.

Dr. *George Eyre.* — Feb. 15th, 1894.

2021. *Chairman.*] Do you hold any official appointment in connection with Robben Island now ?—No.

2022. I believe you did at one time, did you not ?—Yes. I was once assistant surgeon at Robben Island.

2023. What date was that ?—In 1890.

2024. How long did you hold that appointment ?—I think about nine months.

2025. Was Robben Island at that time used as a leper establishment ? —Yes.

2026. Have you any practical knowledge of the disease known as leprosy ?—Yes. I had charge of the male leper section entirely ; it was quite under my control.

2027. Had you any knowledge of the disease previous to taking up your appointment ?—No.

2028. Did you make a study of the disease while you were on Robben Island ?—Yes.

2029. From what aspect did you approach the study of the disease, from a clinical, pathological, or bacteriological aspect ?—Principally from a clinical aspect. I had no means of making any bacteriological investigations. I made a great many post-mortem examinations.

2030. Were there many cases of leprosy on Robben Island at that time ? —I think about 150.

2031. What forms of the disease did you see there ?—I saw the tubercular form the anæsthetic form and the mixed form.

2032. Did you see cases of leprosy with syphilis super-added ?—I never noticed a case of that kind.

2033. Were some of the cases under your professional care and treatment at that time ?—All the male lepers.

2034. Were the cases classified at that time and records kept ?—I took between 30 and 40 cases in very great detail, and they were recorded in the case book on the island, I suppose it is there now.

Dr. *George Eyre.* — Feb. 15th, 1894.

2035. Would you explain to the Commission what you mean by the term "communicability" or "contagion" in regard to leprosy?—I should say that contagion meant that the disease was transmissible from one individual to another by actual contact.

2036. Would you say that it was communicable in a mediate way through articles of food or utensils in ordinary use?—I think that articles of clothing would be perhaps the most common vehicle for the transmission of the disease. I do not think that a broken surface is necessary. In several cases that I took it seemed very likely that the disease was spread through sleeping between the same sheets. There were several cases in which the disease appeared to have been spread in that way.

2037. In your opinion is leprosy contagious under the conditions you have already mentioned?—Yes.

2038. Have you in your possession any records to support that view?—In the records on Robben Island there are several cases to exemplify that.

2039. Can they be placed before the Commission?—Yes.

2040. Have you any cases now under observation, or were there when you left Robben Island, which would illustrate this mode of spreading the disease among patients who are living?—I cannot say whether they are living now, they were at the time I left the island.

2041. Are the names on record?—Yes, I believe they are accessible; I think the records were very complete.

2042. *Dr. Herman.*] Was there any evidence to show that the persons from whom the leprosy was spread had any ulcerated surfaces?—I do not remember those particulars.

2043. Take the case of a leper suffering from the anæsthetic form of the disease, without any broken surface anywhere, and a healthy person slept in the same bed, would the latter run any risk at all in your opinion?—I suppose if there was no ulceration whatever, that the risk would be very small indeed. It would no doubt be immensely increased if there was any ulceration.

2044. Do you think it is necessary for the spread of the contagion that ulceration should exist in the original case?—I do not think so.

2045. *Dr. Edington.*] Do you believe there is any form of the disease with desquamation or ichthyosis?—I think in the case of anæsthetic leprosy especially there were large areas of eruption of a different colour from the rest of the skin, and over these patches there was desquamation in many cases. I do not know whether you would call that a sign of anæsthetic or tubercular leprosy. I never saw any desquamation over the tubercles on the face.

2046. *Dr. Herman.*] Does not the skin of a leper present a peculiar appearance; shiny and glazed as if certain portions might easily be rubbed off?—Yes. In the early stages of the disease there is a special eruption which is totally distinct from the tubercular process that comes on afterwards, and exists in both anæsthetic and tubercular leprosy.

2047. It is not necessary for any of those eruptions to go on to the stage of discharge or ulceration before the patient becomes a centre of infection; you believe that infection may pass altogether apart from an unbroken surface?—If I remember distinctly that is so. I think there were cases, but that you would be able to find out from the records that were kept.

2048. *Dr. Edington.*] Have you noticed carefully whether there was any desquamation of the tubercles in the face?—No. I never noticed that.

2049. What year were you on Robben Island?—In 1890.

2050. Was there a doctor on the island about that time engaged in obtaining materials for bacteriological investigations?—No; he was not there in my time.

2051. *Chairman.*] Are there certain forms of the disease in your opinion when it is not contagious; is it contagious for instance in the early

stage ?—It is very difficult to form an opinion on that point. There is no evidence to show the time when contagion occurs.

2052. Do you think there is any stage when the disease is not contagious ?—I have formed no opinion.

2053. Do you consider that the disease arises solely from contagion ?—I should say it arises solely from contagion, with hereditary predisposition.

2053A. You have not formed any opinion as to the stages in which the disease would be non-contagious ?—No.

2054. *Dr. Greathead.*] Would you consider leprosy markedly contagious or only slightly contagious ?—In comparison with other diseases of a contagious nature I should call it slightly contagious. The opportunities for contagion are rare in comparison with other diseases.

2055. *Dr. Edington.*] Taking into consideration that contagion may, from your statement, occur under special conditions, such as sleeping in the same bed and coming into contact with contaminated articles, under proper hygienic conditions would contagion in that way be unusual ?—Quite so.

2056. If that condition of things were to obtain largely among the poorer population, do you think that contagion would be slightly contagious or largely contagious; in other words, having granted a method by which contagion is spread, do you not base your statement that the disease is slightly contagious on the fact that the method of contagion is rare ?—Partly that, and partly from the fact that even supposing it was a more common method of contagion, the number of individuals who acquired leprosy in that way would form a comparatively small proportion. Taking the case of contaminated sheets; if you had 100 men say, sleeping between sheets contaminated by a leper patient, it might be only two or three who would acquire the disease in that way.

2057. What do you consider would be a convenient factor in contagion? —Suppose contagion takes place through the bacillus entering through the sweat pores, that might be a difficult means of entry.

2058. You are aware perhaps that tuberculosis is comparatively common in Great Britain, and that experiments have been made, having for their object the examination of the dust in crowded rooms and so on, but the amount of infection that takes place is not great; does there in your opinion require to be lowered vitality on the part of patients in order to take the disease ?—Taking the analogy of all other infectious diseases, lowered vitality is an important factor in the case.

2059. *Dr. Herman.*] Are there degrees of contagion in different diseases, or are there certain peculiar circumstances which favour contagion ? – I am inclined to take into account that the way the contagion is conveyed may possibly be unusual in comparison to the way it is conveyed in other diseases. If contagion occurred by inoculation through the lungs, then no doubt contagion would be much more virulent and frequent than if it entered through the skin.

2060. Suppose it is stated that measles is very highly contagious, or that influenza is very highly contagious, and that typhoid fever is only slightly so, does not it mean that in the one instance the germs are conveyed probably through the atmosphere and widely diffused, and in the other that the germs are conveyed through fæcal matter and taken into the food or into the water; although the germ may be widely diffused, yet the particular entrance by which it gains access to the human body may be a comparatively difficult one of access ?—That is my opinion.

2061. Supposing we were to inoculate by breaking the skin of 100 individuals, would the result of that inoculation be to develope leprosy ?—I do not think so; only a certain small proportion would probably take the disease, and a person's constitution would have something to do with it.

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2062. Do you consider that the contagiousness of leprosy is small?—It is small in comparison, taking other infectious diseases as a standard.

2063. Are the points of access to the body as well as the access of the germ to the body both elements of comparative rarity in the development of the contagion?—I think so.

2064. Do you think that there is a resting stage in the development of the bacillus of leprosy or that the individual has to be specially predisposed or under special conditions before the contagion is spread in that way?—I am distinctly of opinion that the bacillus is the cause of the disease.

2065. In the development of leprosy do you think there is a stage in which the bacillus is inactive, or that there is a certain stage known as the resting stage; in other words, are there certain forms of the disease which are comparatively harmless; how do you account for it that only a comparatively small number of persons become affected?—In the first place I account for it by the peculiarity of the constitution. It is the same with phthisis; only certain persons are susceptible to the disease. In the second place, I account for it by the difficulty with which the disease is inoculable mechanically.

2066. Do you think the disease is always equally virulent?—No.

2067. *Dr. Greathead.*] Have you found the bacillus lepræ?—No, never.

2068. Do you know any varieties of the bacillus?—No.

2069. Do you believe in the bacillus being present in the anæsthetic forms of leprosy?—I believe the bacillus would be present in the anæsthetic form, but I have never actually seen cases under the microscope showing it.

2070. Do you consider the anæsthetic form is as contagious as the tubercular form?—Yes, I do.

2071. In all its stages?—Yes.

2072. Do you look upon the mixed form as an entirely different type, does the anæsthetic form take on the tubercular and the tubercular the anæsthetic, or is it the mixed form from the beginning?—If I remember rightly, there were some cases which were purely of one type at the commencement, and then the other types were superadded.

2073. Have you seen cases of that sort?—Yes, I have.

2074. How many members of one family have you seen affected?—I have drawn up some family trees, and I have one here where 17 members were affected.

2075. Were those all of one type?—No, they were different; pure tubercular, pure anæsthetic, and mixed.

2076. Does that rather make you believe in one disease really?—Yes.

2077. The type rather depends on the individual than on any peculiarity in the bacillus, does it not?—I think so. I think it is the same disease exactly.

2078. *Dr. Dodds.*] I understand that you only regard leprosy as slightly contagious as a rule?—Yes, I think the opportunities for contagion are rare.

2079. But you admit that under certain conditions the risk of contagion may be greatly increased?—Yes. I think for example, that if a person used the same tools, a spade for instance, as a leper, the risk of contagion would be a good deal increased.

2080. In the family groups you have taken did you arrive at the conclusion that the danger of contagion seemed to be considerably increased for some reason or other?—Yes, the people live together very much. I have here the case of a wife, daughter and son affected with leprosy. They would naturally live in the same house and very likely use the same clothing.

2081. *Dr. Herman.*] In working with the same tools, is it the sweat that carries the contagion?—Very likely. If I remember rightly, it was an extremely common story that leprosy had been taken through using the same spade that a leper had used.

2082. *Dr. Dodds.*] How would you account for the spread of the disease in the Sandwich Islands?—I do not know.

2083. Would not that show that under certain conditions leprosy may become more than slightly contagious ?—Yes ; it may. I do not know the conditions of life there at all.

2084. *Dr. Greathead.*] In cases where the disease was spread through using a spade, are you sure the leper was not in the ulcerated stage, and that there was no pus or discharge on the spade ?—I do not remember accurately the particulars. I investigated the case at the time, and I wrote the particulars down, and they are recorded. I asked if ulcers had already appeared, but I do not remember what answer I got.

2085. *Dr. Edington.*] Taking into consideration what you have just stated about using the same tools, do you think there is any danger to be apprehended from lepers acting as salesmen or hawkers ?—I should think there would be. I do not know whether the danger is great, but I should say that there was a danger, especially where fruit is sold.

2086. Would the selling of meat, butter, or milk by lepers be a source of danger ?—Yes, I should say so.

2087. Would it be a grave danger ?—It is difficult to say how great the risk of contagion would be in those cases. It would not be anything like so great as using a spade which had been previously used by a leper.

2088. Lepers have been found packing butter, selling strawberries, and so on ; would you prohibit that ?—I should be inclined to prohibit it.

2089. *Dr. Herman.*] Do you think that articles like milk and butter would convey contagion, or would they kill the germs ?—I think it depends upon what you suppose is the mode of entrance of the germ into the system. If you think that the germs entering into the system by the mouth would be equally contagious as the germs entering through the skin, I think then there would be danger in milk and butter. It all depends upon that.

2090. *Dr. Edington.*] Would you consider that hawkers who are leprous would be a danger to the public ?—Yes, I should think so.

2091. *Chairman.*] Irrespective of the stage of the disease ?—Quite so.

2092. Does the disease ever arise spontaneously ?—I do not think it does. I have no evidence one way or the other. My impression is that it does not.

2093. Are there any cases on record which would bear out the theory that the disease arises spontaneously ?—No.

2094. Does every case that has come under your observation negative that idea ?—Yes.

2095. If the disease did arise spontaneonsly or otherwise, are there any articles of diet which would favour its origin or its spread ?—I think not.

2096. Would inferior grain, salt fish, or diseased fish favour it ?—I think not.

2097. You think such things would have no influence on the disease ? —I think there is conclusive evidence that the disease can arise quite independently of a fish diet.

2098. *Dr. Edington.*] Have you seen the report of the Indian Leprosy Commission ?—No.

2099. They use the term *de novo* origin in connection with leprosy, that is to say, they take into consideration whether it is possible that the disease can arise in a part of the country where it had not existed previously and be conveyed by other methods than by individuals. Do you believe the disease can arise in that way, or have you any evidence to show it ?—I have no evidence to show it. One can only argue from analogy. If it is possible to be communicated by clothing, there is no reason why, if clothing is taken from one district to another and used without being washed, the contagion might not be carried in that way.

2100. You cannot admit any *de novo* origin ?—There is no evidence to support such a view as that.

2101. *Dr. Herman.*] The Indian Commission state that in their opinion

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on account of leprosy being a very widely prevalent disease, under certain conditions such as climate, soil, moisture, heat food and predisposition in the individual, it can originate in an individual without the mediation of other cases? —I think that previously existing cases are absolutely necessary.

2102. *Dr. Dodds.*] In what proportion of cases did you find no cause to which to attribute the disease?—I do not remember it at all.

2103. Were there many cases in which the history gave you no evidence as to the cause of the disease, either heredity, contagion, or any other cause? —I think there were comparatively few cases in which some other member of the family, either previously or at the time, had not leprosy. I believe that in 31 cases out of 81 the disease occurred in other members of the family.

2104. What right have you to say that it did not arise spontaneously? —It did not exclude the fact that any of the other 50 might have come in contact with lepers.

2105. Do the cases contain information on that point?—Yes, I remember them distinctly,

2106. *Dr. Herman.*] Do you think the contagion can be conveyed by dust in the street from a leper with ulcers on his feet walking about?—It would be a possible means of communication I should think.

2107. From the evidence that you have collected you think the disease can be communicated by sleeping together or working together?—Yes, working together was very prominent, but the fact of their being such a large number with leprosy in the same family was the most prominent feature of all.

2108. And living together as man and wife?—That was very prominent indeed.

2109. Have you many cases of that?—Yes, several cases. On page 32 of my report for 1890 there is mention made of a case where the wife became affected and the husband became affected at the age of 74.

2110. *Chairman.*] Have you ever known of a case of contagion being transmitted to any of the attendants?—There is no recorded case at Robben Island, but there is a recorded case of the disease being transmitted by the children of one of the residents on the island.

2111. Could we get access to that case?—Yes, if the parents are still on the island you would be able to get evidence from them.

2112. You have no record of any of the attendants on lepers having acquired leprosy?—Not that I know of.

2113. We have it in evidence that for several years attendants at the Old Somerset Hospital have slept in the same room as the patients without taking the disease: is it the same on the island?—I know of no case.

2114. *Dr. Herman.*] Did the healthy attendants on the island sleep in the same wards as the patients?—No.

2115. Did they mess with the patients?—No.

2116. Did the attendants eat the same food as the lepers?—Certainly not; it never occurred in my time.

2117. Are they exceedingly careful and reliable persons?—Yes.

2118. We have it in evidence that at one time the general intercourse between the lepers and the healthy patients on Robben Island was very free; did that condition of affairs exist during the time that you were there? —No; the lepers were carefully avoided by the rest of the inhabitants on the island when I was there.

2119. Was that before the Act was in force?—Yes.

2120. When did you leave the island?—I left at the end of 1890.

2121. Were the woman kept absolutely apart?—Yes; entirely.

2122. A considerable number of friends and relatives were allowed to visit the lepers, were they not?—Yes.

2123. I suppose on such occasions they mixed pretty freely with the lepers and went into their wards, did they not?—Yes, they were allowed to

go into the wards and see the lepers at certain times, but they were not allowed to wander about the island with the lepers. All visits had to be paid to the patients in the wards.

2124. Do you know of any case where the disease has spread by this means ?—No.

2125. Did the friends take any clothes or food away with them from the leper asylum ?—I do not remember any instance of that.

2126. Did you know of anything being secreted or taken away; are the visitors examined after they leave the wards, or are they under the eye of an attendant constantly ?—They are under the eye of an attendant, who was always present during the visiting hours.

2127. *Dr. Dodds.*] How many leper attendants were there in the male leper ward ?—One.

2128. And could that man ensure sufficient supervision ?—Yes.

2129. *Dr. Herman.*] Is it possible for one man to look after all the lepers ?—There were 81 in my time under the charge of one attendant which was totally inadequate.

2130. Was visiting going on in all the wards at the same time ?—Yes.

2131. Could one man be in all the wards at the same time ?—No.

2132. Were the visits carried on entirely without supervision ?—The attendant could move from ward to another.

2133. During the time you were there, were there any instances of healthy children living in the leper wards ?—No.

2134. I belive you had charge of the male section, had you not ?— Yes I only speak of the male section.

2135. Have you any knowledge of the female section ?—No.

2136. Were there any healthy children living with the female lepers ? —No, I never heard of that till the other day.

2137. Did you visit the female wards ?—Very occasionally.

2138. All the evidence you have deduced and the experience you have gained applies simply to the males ?—Yes.

2139. Does the disease differ at all in the females ?—I think not from what I saw. I occasionally visited the female wards, but I never noticed any difference.

2140. Are the males more susceptible to contagion than the females; are there more cases among the males ?—I think so. That is my impression. I believe there are a good many lepers in Khama's country, and they are segregated by Khama himself.

2142. *Chairman.*] Does the disease in your opinion ever undergo spontaneous cure ?—Yes, I remember one case in which it did.

2143. Is that the case recorded on Robben Island ?—Yes.

2144. Do you remember what form of the disease it was ?—Anæsthetic.

2145. Have you any reason to believe that spontaneous cure occurs in any different form of the disease; do you find it more in the anæsthetic or the tubercular form ?—The only case I ever saw was a case of anæsthetic leprosy.

2146. Was that patient alive at the time you left ?—Yes. He had been on the island ever since the old slave days; he was one of the first patients on the island.

2147. Do you believe the disease to be cured in that case or arrested ? —I think he said he had had no return of it whatever for the last 30 years.

2148. Among the male cases you have no record of spontaneous cure except this one ?—No.

2149. Do you recollect the patient's name ?—No. I think he had lost his toes if I remember rightly.

2150. Was this a case of anæsthetic leprosy ?—Yes.

2151. And you know of no cases of spontaneous cure in any other form of the disease ?—No.

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2153. *Dr. Edington*] Have you any evidence to show that this ever had been a case of leprosy?—I saw the case, and it was distinctly a case of leprosy. I have no doubt that this was a case of leprosy. I could see the stumps of the toes and fingers.

2154. *Chairman.*] Had he lost many fingers or toes?—I think so. I think he had lost all his toes if I am not mistaken.

2155. Do you know anything of a disease called Ainhum?—No.

2156. Could you definitely say that this patient had not suffered from that?—No, I could not say that. I have no experience of the disease you mention at all, but from the history of the case and all the appearances at the time I felt sure it was leprosy.

2157. *Dr. Herman.*] Did you regard that case as cured at the time you saw it, or is it only from the present attitude at which you look at leprosy that you regard it as cured?—I regarded the patient as cured at the time I saw him; he had no acute symptoms for 30 years.

2158. Was he housed with the other lepers?—Yes. I think he was a washerman if I remember rightly.

2159. Was it not rather unfair treatment to expose him to further risk in that way; do you think he was at all likely to take the disease again?—No.

2160. *Dr. Greathead.*] Do you remember whether the anæsthesia had disappeared?—I do not think that I took the case in full, but it will be found from the records.

2161. Do you believe that all anæsthetic cases run a definite course to the end?—Yes. I think that in most cases first of all there is an eruption and then an absorption of bone and ulceration.

2162. Do the anæsthetic patches heal up?—Yes. In anæsthetic cases my experience is that death often occurs from intercurrent diseases, such as nephritis, bronchitis, and pneumonia, for instance.

2163. *Chairman.*] You said that you had seen a self-cured case of anæsthetic leprosy?—Yes.

2164. Have you ever seen a spontaneous cure where there had been pre-existing tubercles?—Not that I remember.

2165. How do you distinguish between an arrest of the disease and a spontaneous cure; is there any distinction?—I think if there had been no active signs of disease for a very long period, say, for instance, 15 or 20 years, the disease might be considered cured.

2166. Would it take a long period?—Yes, I think it would. I remember cases where ulcerations had disappeared for a long time, but then had reappeared, showing that the disease was active again.

2167. Were any cases discharged as cured during the time you were on the island?—No, not while I was there.

2168. Do you consider the case you mentioned a permanent cure?—Yes, I think so.

2169. By what special signs do you recognise that permanency as a cure?—The whole argument for permanency of cure must be based on the length of time during which there have been no active signs of leprosy.

2170. And the general health of the patient good?—Yes.

2171. How would you deal with such cases?—I think I should watch such a case and keep the patient under observation, with periodical visits from some competent man for a certain time afterwards.

2172. Do you mean on the mainland?—Yes.

2173. And in his own home?—Yes.

2174. *Dr. Herman.*] We are told that out of about 600 cases of leprosy there are some 100 self-cured cases: from your own experience of the 81 cases you saw, there seems to be only one case of self-cure. Is it likely that so large a proportion of cases can have accumulated since you were on Robben Island; it means to say that if they are considered to be self-cured, it

can only be based upon an observation of four years?—I should not consider that four years was a sufficiently long period to determine whether a case was self-cured or not. There was only one case when I was on the island certainly.

2175. If we could trace those cases back from the records to such a long period as the case you have mentioned—say ten years—would that be sufficient evidence to allow them to go free?—I think in all cases where a leper was liberated he should be kept under observation for a certain time afterwards.

2176. Have you taken into consideration what influence new conditions of life might have on a self-cured case; of course on the island a case is under the very best hygienic conditions, is it not?—I have not considered that.

2177. In the absence of accurate clinical records as to the non-existence of active symptons during the last 10 or 15 years in every individual case, would you be inclined to recommend the liberation of any of the cases on the island?—Yes, I think I would.

2178. What records do you think are of sufficient value and to be thoroughly relied on to be taken as a basis for the Commission to work upon with regard to that particular point, or are you going to rely solely on the assertions of the patient himself?—I do not think the Commission would have any reliable records on that point to go upon. Indisputable evidence that there have been no active symptoms during the last 10 or 15 years is the basis on which you must form your judgment.

2179. What indisputable evidence in your mind does exist upon which the Commission could act?—I should think the evidence of people who had been long associated with the patient. You would have to take a large amount of evidence from relations and those who had lived with them.

2180. Do you think that would be sufficiently accurate?—I think it might be made pretty accurate if taken from a sufficient number of persons, so as to get a large amount of corroborative evidence.

2181. From your experience have not you found that even with lepers themselves, they are frequently unaware of active symptoms, the existence of an ulcer for instance?—I have not found that. I think they have always been aware of anything apparent like that.

2182. *Dr. Greathead.*] If an anæsthetic case passed on to the mutilation stage, and the fingers and toes were gone, the wounds healing up but the anæsthesia remaining, would you look on that as a case of cure or arrest, or both?—I should look upon that as a case of cure.

2183. *Dr. Dodds.*] Are there many cases like that?—No; I do not remember any.

2184. *Dr. Greathead.*] Do you know of any cases in which the anæsthetic form of leprosy has disappeared?—No, I do not know of any.

2185. In such cases have you found artificial wounds heal readily by first intention?—Quite readily, as readily as in a healthy individual.

2186. In active leprosy do artificial wounds heal readily?—Yes. In cases where I have had to amputate a leg, for instance, for disintegration of the bones of the foot, the wounds have healed up by first intention, although the disease was active.

2187. In tubercular cases do artificial wounds heal as readily?—Yes, quite.

2188. *Dr. Herman.*] We have evidence to show that wounds in lepers do not heal readily, does that refer simply to the ordinary leprous ulceration?—I supposed it must, because I have found that surgical wounds in leprous patients heal quite as fast as in healthy individuals.

2189. Do any ulcerations heal badly with lepers?—Some ulcerations are very intractable.

2190. *Dr. Greathead.*] You would not attach much importance to the fact of a wound healing by first intention, would you?—I would attach no

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importance whatever to it, because in one case of amputation below the knee the wound healed remarkably rapidly, and yet all the bones of the foot were completely disintegrated, which was the reason for the amputation.

2191. *Dr. Herman.*] Do lepers stand surgical operations very well?—Yes, very well indeed. I have seen very large ulcers indeed heal. I remember one case of very large ulcers on the thigh which healed very rapidly under treatment.

2192. Was it any particular form of treatment?—I used stimulating lotions, sulphate of zinc, and so on.

2193. Was that case approaching the self-cured or arrested stage?—It was very distinct tubercular leprosy in the active stage.

2194. So that there is a good deal of fallacy in drawing any inference as to the healing of wounded and ulcerated surfaces in lepers?—Yes, it is totally fallacious.

2195. *Dr. Greathead.*] If a case of self-cured leprosy were placed under unfavourable conditions again, as for instance, if a patient returned to a crowded hut and lived on poor food, do you think it likely that the disease would break out afresh?—I have no knowledge to enable me to answer that question. The only case of arrest that I know of is the one I have mentioned, and the patient there had been under the best hygienic conditions for a long time both as regards food, clothing, and so on.

2196. *Dr. Fismer.*] You have only seen one case of spontaneous cure I understand?—That is all.

2197. Have you seen any cure by therapeutic treatment?—No.

2198. Have you seen any beneficial effects from therapeutic treatment?—None at all, except that under the ordinary medical and surgical treatment the ulcerations heal up.

2199. Have you seen any beneficial effect from any special therapeutic treatment?—No. I remember that we tried arsenic and iodide of potassium pretty extensively, but there was no distinct effect.

2200. *Dr. Dodds.*] In 1890 there were several other cases that had been on the island over 13 years, did you look on any of those as arrested cases?—No.

2201. Although they had been there over 13 years?—Yes, if I thought them arrested cases, I should have mentioned it in my report.

2202. You said that if there is no active sign of disease for 15 or 20 years, which you subsequently modified to 10 or 15 years, you might consider a case as cured, do not you think that even 10 or 15 years might perhaps be reduced?—I think that point had best be determined by investigating a number of cases which have relapsed after apparent cure and so fixing a period after which such relapse is unknown.

2203. You are not really certain as to what the limit ought to be, but you think that some limit might be fixed?—Yes. Some limit might be fixed.

2204. Has your clinical experience been that cases have sometimes lain dormant for 12 or 13 years perhaps without showing any symptoms whatever?—No, that has not been my experience certainly. In all cases that I remember there was ulceration or absorption of the bone, or something of that nature within the period.

2205. *Dr Herman.*] In other words I take it that there are no exact and definite symptoms as to when a patient is cured of leprosy or not?—No; I think you can only take the length of time as a criterion.

2206. *Dr Greathead.*] If a leper with such appearances as you have described were brought to you as being cured, would you at once discharge him?—No, certainly not.

2207. You would admit him and keep him under observation?—Yes.

2208. *Dr. Herman.*] Could you say from an examination of an ordinary case that such an individual was or was not dangerous to the public health?—I could not say.

2209. You could say that he was, but not that he was not?—Yes, that is what I mean.

2210. You think that all cases should be kept under supervision for 15 years to decide as to whether a person is cured or not?—Unless you can get reliable evidence as to the course of the disease during the last 15 years, say from independent sources.

2211. Do you think it is dangerous to allow all classes of lepers who are self-cured to go out equally; suppose a man belonged to the lower class, and you knew that if he were set free he would live under very bad hygienic surroundings, and have bad, and possibly insufficient food, would you let him go free?—Yes. I do not see how you can make any distinction. You might make it a rule that he should report himself at certain periods suitable to the case.

2212. Do you think that sufficient control could be kept over such a man as that?—I think so; he should be compelled, as I say, to report himself at short intervals.

2213. Do you think sufficient advantage would be gained from a recommendation such as that; if there are so very few cases of self-cure, would the advantage of letting such cases go free compensate for the possible risk to the public health; might not, for instance, those cases break out again?—I think that so far as the public health is concerned, it would be better to keep such cases in an institution under supervision, but at the same time I think it would be safe, provided you ensured proper supervision for a certain period after their discharge to allow them to go free.

2214. The 81 cases that remained on Robben Island for such a long period have been gradually filtering down, have they not; the bad ones have died off, the mild ones have remained for longer periods, and the self-cured cases have remained still longer periods?—Yes.

2215. The self-cured cases would have accumulated if there had been any, would they not?—Yes.

2216. Where you have 81 cases there should be actually a larger proportion of self-cured cases than if you had brought together a large number of comparatively acute cases?—Yes, quite so.

2217. Have you any evidence to show that among the cases discharged from Robben Island there were any cases of self-cure?—No records at all. I do not think there were any discharged in my time at all.

2218. Nor at any period?—That I do not know.

2219. *Dr. Fismer.*] Do not you think that these self-cured cases were before the Act was in force and were kept back and not sent to the island till after the enforcement of the Act?—That may be so. I think you must make a criterion of the length of time. If there were no fresh symptoms for a very long time indeed, then I think you might consider a case as cured.

2220. Are you aware that Leloir says that so long as there is any likelihood of there being the bacillus lepræ in the system anywhere, whether in the nerve tissue or in any other form of tissue, it is rather fallacious to regard such case as a self-cured case; do you approach the subject from the same standpoint, or would you simply say that because there are no active symptoms, therefore a person is cured?—I think in a case like that which you supposed was spontaneously cured, if you did find the bacillus lepræ, one would have to alter their opinion.

2221. Have you any facts derived from your post mortem work which could assist the Commission at all?—When I performed post mortem examinations the subject was in an active stage of the disease.

2222. Do you know whether in the so-called self-cured stage the diseased tissues become healthy again, or do they remain in the same state as before; in the case of the patient you mentioned, did the muscles become firm and the motory and sensory symptons regular?—The patient was particularly active and very useful I think, as far as I remember.

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2223. In cases where it is found that the muscles have not become active again and the nerves have not resumed their functions, would you also regard that as a self-cured case, although 10 or 15 years had elapsed without any active symptons?—I think I would, because if the nerve tissue is once destroyed by the bacillus it is not possible for it to be restored again.

2224. Do you think that at a certain stage the bacillus leaves the system altogether and the individual becomes absolutely and perfectly free from leprosy?—I have no knowledge of it. I have no experience to show that the bacillus does really leave the system at all.

2225. In your opinion therefore, to arrive at a conclusion as to when a man has become cured, you ought to rely upon the clinical evidence solely? —I think in the absence of positive evidence that the bacillus exists in the system, if you actually find the bacillus, then I do not think you can consider the case as cured.

2126. From your experience I suppose you know that there are different stages of the development of an ordinary case of leprosy, a man may get early symptoms and they may not recur for a lengthened period and at other times the period may be shorter, is it not possible that in some cases the period of recurrence or recrudescence may be a longer one, and you cannot really even say that because a man has no active symptoms therefore he is cured?—I think the only way you can do is to fix a period which you consider is safe by the investigation of cases.

Dr. Impey further examined.

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2227. *Chairman.*] Has Robben Island been used for many years as a leper settlement?—Since 1846.

2228. Is there any evidence to show that leprosy has become endemic on the island?—No.

2229. Has it spread at all to the healthy inhabitants?—As far as I can find out, there is only one doubtful case of contagion, that was a child.

2230. With regard to the condition of the island now, is there any evidence to show that the soil or any part of the soil has become saturated with bacilli?—I think not.

2231. Have you made any microscopical examinations of the sand or dust on the island?—No; it blows about so, you could not possibly do it.

2232. Within the dwelling houses?—No.

2233. No microscopical examination has been made of the dust?—No.

2234. How has the health of lepers arriving on the island been affected? —It depends upon the class of persons a great deal. Upon the lower classes it has had a very beneficial effect at first, but that is not so much due to the nature of the soil of the island as to the change of food and better treatment generally.

2235. Although leprosy has been so long on the island, and there has been such freedom of intercourse, there is no evidence to show that the disease has become endemic; to that extent I suppose Robben Island would be accounted favourable?—Yes. With regard to the soil on the island, there is a substratum of stone and a little clay in the hollows, with sand on the top with lime, so that it is very porous.

2236. Can you tell us approximately what the population is?—I could give you the census returns for the last two or three years. A census of the island has just been taken, but it is not worked out yet. The population is about 1250.

2237. *Dr. Dodds.*] Robben Island has had a very fair opportunity of becoming an endemic area, but you say it is not so?—It has had a large number of lepers constantly resident within the last 47 years.

2238. *Chairman.*] Would not that go to prove that there would be little risk in establishing a settlement on the mainland, looking at the matter only from that point of view?—Yes. I think there would be very little danger to the public in establishing an asylum on the mainland, provided all the other

conditions were observed that I have referred to. The supervision is the great thing.

2239. *Dr. Herman.*] Have you any evidence to show that the vegetation and the soil have any effect upon the disease at all ?—No. I think they have no effect. There would be more chance of the bacillus being destroyed by the heat and sand than by a moist atmosphere where there is abundance of verdure. A low lying moist locality is more likely to be the home of the disease.

2240. Does dryness of the atmosphere affect the resting spore of the bacillus; I speak of the dryness that exists for instance in the Kalihari desert or Bechuanaland ?—I would say so. You find more bacilli in a moist than in a dry climate; there are all kinds of bacilli in malarial districts.

2241. Is it not a fact that wherever you have a large amount of dust and considerable wind, there are many more bacilli in the atmosphere ?—It might be so on the mainland perhaps, but not on an island.

2242. *Chairman.*] Do you think, speaking generally, that the general climatic conditions of Robben Island have been beneficial to the health of the lepers ?—I think they have had no effect one way or the other.

2243. *Dr. Herman.*] You have stated that there is a very high rate of mortality among the lepers on Robben Island, especially among the lepers from the Free State, and yet you tell us that the site, conditions, and general surroundings of the island are favourable for such an institution, will you be a little more clear and definite ?—I stated that within the last year the mortality has been very high, especially among the Free State lepers, but also among the colonial lepers, but I also stated that in my opinion this could not be attributed to the climate, the nature of the soil, or anything of the kind, but to the fact that a large number of lepers had been crowded into the place within the last two years, who would have died on the mainland, and this is borne out by the fact that a large number of lepers have died in transit to the island.

2244. Can you say how many ?—No, I cannot say. I know there have been many cases. Mr. De Smidt could tell you. I know that numbers of warrants have been issued for lepers who have never turned up, and I heard afterwards that they had died.

2245. *Chairman.*] Was this from various parts of the Colony ?—Yes, the outlying territories. I may say, also, that the large majority who arrived died within the first year, before the climate could have had any effect upon the disease.

2246. *Dr. Herman.*] Can you prove those facts by any statistical evidence ?—Yes. 91 out of 114 who arrived last year died within the year.

2247. You are aware that the Commission which was appointed in 1861 to enquire into and report upon the general infirmary and lunatic asylum on Robben Island, reported unfavourably on the place as a site for an infirmary or asylum ?—Yes.

2248. Does not that apply also to the leper establishment ?—There are drawbacks to the island certainly, but I would not consider the climate a drawback. I consider it very good indeed.

2249. What are the general drawbacks with regard to keeping lepers there ?—It is a very good place for lepers I think, but not for lunatics.

2250. Has the leper asylum any drawbacks at all ?—No; except that it might be a more beautiful place.

2251. *Dr. Dodds.*] Do you not find that the glare from the sand and the south east winds in summer have a bad effect on the eyes of the patients ?—They do suffer from disease of the eye or eversion of the lower eyelid, and the sand is a drawback, but with regard to the south easters we do not have them so often as in Cape Town or the peninsula.

2252. Do not the healthy people feel the glare of the sand very much ?—Yes, they say it is a drawback.

2253. *Dr. Herman.*] What are the main complaints coming from the

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lepers located on the island?—They complain of the difficulty of access for their friends coming to see them, as they have to cross the sea. That is certainly a hardship for the patients, but in another way it ameliorates their condition too, since it saves them from being made absolute prisoners of. If they were on the mainland under the same conditions, you would have to have armed guards to prevent their escape, whereas now they have as much freedom as they can possibly get without any direct guarding.

2254. *Dr. Greathead.*] Would you recommend cremation of dead bodies on the island?—I certainly would.

2255. *Dr. Herman.*] Would that apply to everybody?—Yes. I recommended the Colonial Office to adopt the system, but at the last moment it was stopped.

2256. *Dr. Greathead.*] Do you think the objection is merely a matter of sentiment?—It is pure sentiment, I believe there would be great objection to it.

2257. *Dr. Dodds.*] Have you sounded the lepers on the point?—I have not. I am certain that not only the lepers but the whole country would raise an outcry against it.

2258. *Dr. Herman.*] Knowing this country and the feeling of the people, do you think it is possible to carry out cremation as applied to lepers or any one else?—I think at first it would be a purely voluntary thing.

2259. Could you carry out such a scheme at all?—Not compulsorily, but I know there are many who would prefer it.

2260. What advantage would it have?—I think that in a few years people will come to recognise that cremation is the proper thing.

2261. As a practical man, having to do with an institution that must be carried on on practical lines, would you urge it in any way?—I would not urge it, although I think it would be a splendid thing. As I said just now, no doubt the feeling of the country would be against it.

2262. Is your position in regard to the segregation and confinement of lepers at all difficult in so far as regards bringing matters before the public or the Government is concerned?—It is a very trying position. I have to deal with a very difficult class of patients.

2263. People who have very strong feelings and very powerful sentiments?—Exactly.

2264. You have to be guided very largely in your actions by their feelings and sentiments, have you not?—I state my opinions as I believe them to be correct. With regard to an optional matter such as cremation, I am very much in favour of it, but I think if we were to enforce it, not only the lepers themselves but the whole country would cry out. People would think that we were treating them with undue harshness.

2265. Theoretically what advantage would there be in cremation?—Robben Island, of course, has a comparatively small area, and there is a large number of deaths.

2266. Have you not sufficient room to bury those who die?—Yes, we have, but if you visited the island you would find thousands of graves.

2267. Would you recommend that the lepers and others who die on the island should be buried on the mainland?—It certainly would be a better thing than burying the bodies on Robben Island, but it is not practicable I think.

2268. What is there impracticable about it?—In the first place they may die on a day when there is no boat leaving, and they must be buried the same day that they die.

2269. *Chairman.*] I suppose also that rough weather might interfere with the boat leaving, might it not?—Yes.

2270. Will you state how the cemeteries are at present arranged; is there a special block of land set apart for a cemetery?—Yes.

2271. Is it enclosed in any way ?—Yes.

2272. You spoke of thousands of bodies having been buried on the island; in former days was there any special block of land set apart as a cemetery ?—It was set apart, but not enclosed.

2273. How many years has the present cemetery been in use ?—The one that has just been enclosed has been in use for many years.

2274. Are there any returns showing the number of persons buried there; is there any cemetery book kept ?—Yes; but I cannot say how far it goes back.

2275. What is the nature of the soil ?—The old cemetery has a surface of limestone; it is very hard soil; the present cemetery is sand.

2276. What depth of limestone in the old cemetery would you have to go through before reaching the soil ?—The surface is limestone, and then you get to the soil. You break through a crust of stone, and then you have a mixture of sand and lime. There is a deposit of lime.

2277. What is the soil in the present cemetery ?—Pure sand as deep as you like to go.

2278. At what depth do they generally inter corpses ?—6 or 7 feet.

2279. Are the bodies put into stout coffins ?—Yes.

2280. And with regard to the Malays ?—The Malays bury in their own fashion. They have a special graveyard.

2281. Is it in the same block of land ?—They have a spot on the island about half a mile off the village, about half the size of this room, and enclosed, where they buried a priest some years ago, and they use this as a graveyard. There have only been three deaths among the Malays.

2282. Consequently you do not consider that graveyard as filled up yet ?—No. The Malays do not bury in coffins at all.

2283. On which side of the island are these cemeteries ?—On the east side, between the male and female leper wards.

2284. Is there anything objectionable in their position ?—They are on a lower level than the dwelling part.

2285. *Dr. Dodds.*] Lepers used to be buried in the old cemetery, did they not ?—The old cemetery was divided into two parts; one part was open and the other part was surrounded by a stone wall. The latter was for the lunatics and attendants, and the open part was for lepers. I have had that enclosed since.

2286. The two old wells have been contaminated; is that not due to the cemetery ?—Some think so, but I am perfectly certain that cannot be so.

2287. What distance are the wells from the cemetery ?—One is about 300 yards away and the other 400.

2288. Why could not the wells be contaminated ?—They are on a lower level.

2289. *Dr. Herman.*] Could you furnish the Commission with a map of Robben Island ?—Yes, I can have a map made.

2290. At one time Robben Island was a large fishing station, was it not ?—Yes.

2291. And a large number of whales were captured and slaughtered there, were they not ?—I believe so.

2292. Has that had the effect of contaminating the water with organic matter ?—I think not. The whale fishing was at a very much lower level than the place where we draw water.

2293. *Chairman.*] You said that the old wells were not contaminated by the graveyards; on what grounds did you say that ?—Because of the strata, which would sufficiently protect the wells. You can get water on one side of the reefs, but on the other side you cannot get any.

2294. From what source were the wells contaminated ?—From the nature of the soil itself. It is sandy, and there has of course been a large population on the island always, and a lot of cattle and animals of various

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kinds. If anything, the soil has been contaminated by these cattle, and the water has percolated a long distance through the troughs between the strata into the wells.

2295. *Dr. Herman.*] What is the depth of these wells?—About 50 or 60 feet. There are two wells only in use.

2296. Have any artesian borings been attempted?—Yes; we have tried but could not get water.

2297. What depth down have you gone?—90 feet; but we could not get any further. They bored in the wrong position, on the highest point of the island, and they had to go down 70 feet through pure sand. They could not go on working, as the sand constantly fell in, and it was too dangerous. Then they tried at a place near the wards to go through a reef, and I think if they had gone on they would have got water. Mr. Bain's idea was to go right through a reef, but you might bore for 1000 feet before you got through any reef at all. After trying for three months, Mr. Bain stopped the work.

2298. The water difficulty on Robben Island is a considerable one, is it not?—Yes, now it is, but after this season we shall not have any difficulty, because we have built a number of underground tanks for rain water, and the supply will be abundant.

2299. Is not rain water regarded with very great suspicion everywhere; do not you think that on Robben Island rain water is equally to be avoided for drinking purposes, looking at the accumulation of dirt and dust on the roofs?—It is certainly not so satisfactory as running water, but it is the best we can get.

2300. Would you regard the water supply to the asylum that is collected from roofs or obtained from wells as a perfect supply?—No, certainly not.

2301. A perfect supply of absolutely pure water to such an establishment is very essential, is it not?—Yes, that I admit is one of the great drawbacks to the Robben Island establishment.

2302. *Dr. Dodds.*] If the water difficulty remained, would it not impose a limit on the number of patients you can take?—We have any amount of water for sanitary purposes and washing obtainable from the wells, and there are plenty of wells if you like to open them.

2303. In a hospital the quantity supposed to be necessary is 40 gallons per head per day for all purposes; you cannot have anything like that amount; are not you limited in your supply during the summer months?—There is no scarcity; the only difficulty is the distribution of the water.

2304. Is rain water used for baths?—No, island water is used for bathing and washing purposes; rain water is used for culinary and drinking purposes.

2305. Do the wells supply sufficient water to give baths as often as required for a population of some 1400 people?—We have not found a deficiency.

2306. I understand that the distribution of the water is a difficulty?—Yes; tanks are filled by means of two windmill pumps, and then the water is led in pipes to the various wards. That simplifies things a great deal. Formerly the water had to be carted.

2307. What is the average consumption of water per day?—I have never been able to find out. The tanks are filled by gravitation, I have no gauges.

2308. Can the lepers have a bath several times a week if they wish?—Yes, when they like, but they do not care about taking baths.

2309. *Dr. Herman.*] Is that because the water is too cold?—No; there is hot water, but they will not take baths whether hot or cold. When first they come we have to force them to take a bath. It is very difficult to persuade them to go into the water.

2310. *Chairman.*] Do the white lepers have the same aversion to baths? —Yes, both white and coloured.

2311. *Dr. Herman.*] I notice that in one of the reports, I think for 1890, the absence of baths is referred to; is that so?—Formerly there were no baths at all in the male leper wards, but I had some very nice cement baths made, with hot and cold water laid on, and things are being greatly improved. The baths are connected with the laundry. For the first two or three days the patients patronised the bathroom, but now it is completely neglected, and you cannot get them, except by force, to take a bath.

2312. Have all the wards bathrooms?—The baths I speak of are not in the wards at all.

2313. Are they accessible to all the lepers, both male and female?—Yes, the females have their own.

2314. Do they use the bathroom?—They do more than the males, but not extensively; in fact it is difficult to compel them to do anything at all.

2315. As to the water supply, could you give us a section of the wells; you say that the upper portion goes through sand; how much sand is there? —I am afraid I cannot give you a section of the old wells; they are built up.

2316. Is that done with perfectly impervious material?—They are supposed to be well built. The water does not come from the sides so far as one can gather.

2317. Has any attempt been made to clean them?—They have been cleaned occasionally, but you cannot pump the water out.

2318. Are the pumps you use sufficiently powerful?—We have three pumps for one well.

2319. Could not you put on a more powerful pump?—The wells have not been cleaned since my time on the island. Just before I arrived one was cleaned. With a very large pump the well might be emptied, but with the present three pumps we cannot lower the water at all.

2320. Do you think it is advisable to pump the water out, and clean the wells thoroughly?—The water seems to be perfectly clear enough.

2321. Is it brackish at all?—It is slightly brackish, but you can hardly detect it.

2322. Has it been analysed?—Yes.

2323. Was it reported to be all right?—No; it was reported to be unfit for use, and consequently I have had to supply the patients with water obtained from Cape Town.

2324. Has any bacteriological investigation been made into the condition of the water?—It has only been analysed.

2325. Are you aware that nowadays bacteriological investigations are much more important than chemical investigations?—Yes.

2326. Do you think it is advisable to have a bacteriological examination made of the water?—Yes.

2327. *Chairman.*] What first led you to suppose that the water was unfit for use?—I did not suppose it at all, in fact I always opposed the idea, but in 1892 we had one case of typhoid fever, and of course we had to investigate the cause. Someone drew attention to the water, and I had it analysed.

2328. Did that case occur on the island or was it brought from Cape Town?—I do not know how to account for it at all. One of the constables got the fever, and the water was analysed and pronounced to be unfit for use, and for a short time they used Cape Town water. It was a curious coincidence, however, that within three weeks of commencing to use Cape Town water, there were several cases of typhoid fever, so I stopped the supply and the typhoid fever ceased. I heard casually that we got our water fr m tanks near Ebenezer-road, where there were a lot of cases of typhoid fever.

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2329. *Dr. Herman.*] That is a very grave statement to make; did you investigate it?—We tried to do so.

2330. Are not the tanks you refer to under the control of the Harbour Board?—We were supplied by the Harbour Board.

2331. Then the supply you got from the Harbour Board is from the same source whence the shipping in Table Bay is supplied?—I cannot say; but there is always typhoid fever in Cape Town.

2332. No one connects that with the water supply; the water supplied to Cape Town is perfect. I have devoted considerable attention to the œtilogy of typhoid fever in Cape Town, and I know that the analysis of Table Mountain water shows it to be perfect, so perfect indeed that Dr. Hahn uses it in place of distilled water in his ordinary chemical examinations?—I only state this as a fact, I cannot account for it.

2333. It is not a fact if you wish to connect the occurrence of typhoid fever on Robben Island with the use of Cape Town water?—I do not say anything beyond the fact that it was a curious coincidence.

2334. *Dr. Dodds.*] Has not typhoid fever broken out again and again on the island, in fact, was there not a row formerly called "Typhoid row" there?—I believe we have had it before.

2335. *Chairman.*] Did the first cases orginate in the locality just referred to by Dr. Dodds?—No, that was some time ago.

2336. *Dr. Herman.*] Apparently typhoid fever is endemic on the island, is it not?—I cannot say that.

2337. *Chairman.*] Have you had entire charge of the island, as regards the existing arrangements in connection with the segregation of lepers?—Yes.

2338. How is segregation now carried out on the island?—The patients are received immediately on being landed, and examined by myself and the Assistant Surgeon. If there is any doubtful case which is not thought to be leprosy, it is at once returned to the Old Somerset Hospital.

2339. *Dr. Herman.*] Do all cases pass through the Somerset Hospital?—Yes; on their way to Robben Island.

2340. Dr. Cox has told us that a good many go direct from the railway station to Robben Island?—About six months ago the system was altered; I cannot tell you the exact date.

2341. Formerly they went direct to the island, they did not necessarily pass through the Old Somerset Hospital?—Quite so.

2342. At present is it the rule that all cases must go first to the Old Somerset Hospital, whether the boat is ready or not?—Yes; and a number of cases have been sent which were not lepers at all; they have come from up country under warrant, and I did not exactly know what to do with them. I was rather awkwardly placed. I had the Governor's warrant to say that I must keep them on the island, and yet I could not conscientiously put them into the asylum as they were not lepers. I consequently entered into communication with the Colonial Office, and it was decided that in future all cases were to be passed through the Old Somerset Hospital. If they were clear cases of leprosy they were to be sent on to me, but if they were doubtful, then further medical examination was to be made, and if it was decided that they were not lepers, they were discharged. If they were pronounced leprous they were sent on. That is how it is now. As an additional precaution I send in a certificate of the case, as soon as the patient lands, in support of my opinion, and in two instances cases have been sent back as non-leprous.

2343. Is the certificate you furnish a general certificate, or a certificate detailing the clinical history of the case and the reasons for the conclusion you arrive at?—No, it is simply a certificate to say that in my opinion the patient is suffering from leprosy or otherwise.

2344. Is it a printed form?—It is only within the last three or four weeks that it has been printed; I can give you one of the forms.

2345. What do you do with the form ?—I send it to the Colonial Office and then the leper patient is sent to his destination and allotted a bed and so on.

2346. *Dr. Dodds.*] Where are the cases examined on the island ?—I have a little room attached to the boat house in which the cases are examined.

2347. *Chairman.*] When you decide that a case is leprous, what is the next step taken with regard to segregation on the island ?—The patients are sent to the leper settlement; there are two settlements, male and female. If it is a male patient he is handed over to the Superintendent of lepers, who deals with the case, giving the patient a bed, clothing, his number, and so on, and he is registered in the books.

2348. With regard to the female patients, is there a similar routine ?—Yes.

2349. Is a bath given to the patients on arrival, the same as in an ordinary hospital ?—Yes.

2350. At a later stage I understand you have great difficulty in getting them to take a bath ?—Yes.

2351. With reference to segregation, do you consider that it is complete as between the two sexes ?—Yes, quite.

2352. Is it complete as far as the attendants are concerned; what number of attendants have you ?—On the male side there are 14 attendants, all white; and two nurses.

2353. In segregating the male lepers, is there any distinction drawn between white and coloured ?—Yes; they are placed in separate wards.

2354. Have they free access to each other ?—Yes, if they like.

2355. Do they eat and drink in the same room ?—No; they are separate.

2356. Is a separation made in regard to class as well as colour ?—We have at present on the male side six pavilions holding from 50 to 80 patients each, and we classify the patients as far as possible according to their nationality. We have first a hospital ward for all the worst cases, then we have a bastard ward, with some Malays in it; then we have a Kafir ward for Fingoes and so on, and then a Hottentot ward, a white ward, and a Free State ward.

2357. *Dr. Greathead.*] Do all the Free State patients go into one ward, whether they are black or white ?—No. There is only one white Free State patient and he goes into the ward for the whites.

2358. *Chairman.*] Do the white and coloured patients respectively mess in separate rooms ?—Yes. Each pavilion is divided into two large wards, separated by a large day-room.

2359. If a white man wishes to associate in the daytime with the coloured patients, can he do so ?—Yes, there is free access between the village itself and the leper wards, but there is a line drawn between two points and the lepers are not allowed to cross this line and go into the village. Guards are placed on the line in order to keep the lepers to their own portion.

2360. *Dr. Herman.*] What sort of guards are they ?—Convict guards they are called.

2361. Do the lepers make any attempt to get into the village ?—Occasionally I have some trouble. We give the lepers all the island except just round the village, and they can go where they like.

2362. Can the healthy persons go all over the island, and have free intercourse with the lepers ?—They can if they like. The lepers spend a good deal of their time in fishing.

2363. Do you find healthy persons going over from the village to the part of the island where the lepers are, and taking or buying things from them ?—I think not, they would not buy from a leper, they would be too afraid.

2364. *Chairman.*] Is there anything to prevent the healthy section of the community frequenting that part of the island where the lepers are if they wish to do so ?—No.

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2365. On visiting days can the public frequent the same part of the island as the lepers?—Yes.

2366. Supposing a number of lepers was out fishing on the rocks, could their friends go and see them there?—They are not allowed to.

2367. Do they do so?—They are supposed not to. I believe occasionally they do. It is a very difficult matter regulating the visiting of patients.

2368. *Dr. Dodds.*] Are the leper patients allowed on other parts of the island except that allotted to them?—Never.

2369. Could they pass beyond their bounds without your knowing it?—Yes, they could.

2370. Does that apply to the females also?—The females are kept within their own compound under lock and key.

2371. Do they never get out?—Only when the nurse takes them for a walk.

2372. Do you find any difficulty from having female leper patients on Robben Island?—There is a difficulty.

2373. Would you say it was a difficulty or a danger?—I do not think there is much danger.

2374. Do you find that the male lepers frequent that part of the island where the women are more than any other part of the island?—Yes: many of them have mothers, sisters, aunts, and so on, in the female wards.

2375. Are they able to converse with them?—They cannot come into contact except under the special permission of the medical officer in charge. The whole of the female settlement is surrounded by a barbed wire fence. I believe it is possible if a person had plenty of time to get over this, but as a rule they never attempt it. They cannot get through it at all.

2376. Are there any instances of the men trying to get inside the woman's compound?—One instance only.

2377. *Dr. Herman.*] Do not you think it is a great hardship to these unfortunate women to be locked up in that particular way?—It is a large area, and they can go out under the supervision of the nurse, whenever they like.

2378. *Chairman*] Why are they specially locked up?—We could not look after the males and females.

2379. Why not lock up the males; why must the women be kept closer?—I think it would be a very good thing if you could lock up the males but it is not possible.

2380. Why are the females kept under lock and key?—Just to keep the males from them.

2381. Is it a fact that these women have very strong sexual proclivities?—Yes, some of them.

2382. Has anything ever come under your notice to support that?—Yes; from what has occurred in one instance. On one occasion three leper men got over the fence at night into the female leper compound and I believe they had connection. Whenever these women get excited they are very hysterical.

2383. Do they solicit the men if they get an opportunity?—They would if they had an opportunity.

2384. We have it in evidence that at the Old Somerset Hospital the leper women are extremely difficult to manage in that respect: it becomes a sort of mania with them; do you think they suffer from nymphomania?—Possibly they do.

2385. *Dr. Herman.*] In the men, on the other hand, the sexual instinct is lessened, is it not?—Some of them suffering from the tubercular form seem to lose the instinct, but not so much in the anæsthetic form.

Dr. W. H. Ross

Dr. W. H. Ross examined.

2386. *Chairman.*] Have you held any official appointment on Robben Island?—I was Surgeon-Superintendent on the island.

2387. Have you a practical knowledge of leprosy?—Yes, I think so.

2388. Have you made any special study of the disease, especially during the time you held your appointment?—No.

2389. How long did you hold it?—For six years.

2390. Did you note the disease from a clinical, pathological, or bacteriological aspect?—Only from a clinical aspect.

2391. I suppose you saw a good number of cases on the island, did you not?—Yes.

2392. At what date did you hold your appointment?—I was on the island from the year 1884 to 1890.

2393. Was Robben Island then used as a leper establishment?—No.

2394. Are there records on the island of all cases under your care at that time?—No, but those patients who have not died are still there.

2395. Were records kept of all cases on the island?—Yes. I was Surgeon-Superintendent, and they came under my notice. I had Dr. Wynne under me to look after them.

2396. Did you deal clinically with any group of patients or was it left to Dr. Wynne?—The first year or eighteen months I had charge of the female lunatics and the male lepers; then it was transferred; I took the lunatics, and Dr. Wynne took the female lepers and male lepers.

2397. During that time did you form any opinion as to the communicability of the disease?—I certainly think that it is communicable.

2398. Do you consider that it is contagious?—I do not think that it is contagious in the ordinary sense of the word.

2399. Broadly speaking, what do you mean by the term "contagion" as applied to leprosy?—If you come in contact with lepers it will not necessarily affect you.

2400. You would not limit it to personal contact?—No.

2401. Would you employ the term contagion in connection with the taking of the disease through eating out of the same utensils or sleeping in the same room?—There has never been any case on the island where the disease has been communicated in that way.

2402. Do you hold the view that leprosy is contagious or communicable?—I do not think it is contagious in the ordinary sense of the word, but it is communicable because cases have been communicated.

2403. *Dr. Herman.*] In what sense do you apply the term "contagious"?—It is not contagious in the sense that erysipelas is contagious.

2404. *Dr. Greathead.*] Is it inoculable?—I have never tried inoculation. For six years I have never known any case communicated, although the patients are constantly mixed up with everybody on the island who has liberty.

2405. If the virus from a leper were applied to the broken surface on a healthy individual what would be the result?—I have never tried it.

2406. *Dr. Herman.*] What sense do you use the term "contagion" in?—What I mean to say is this, that in having these people under one's treatment, I have never known of a case of contagion.

2407. You regard it as contagious in a certain sense, what is that sense?—The sexes may communicate it to one another perhaps, by inoculation.

2408. Several terms are used in the report of the Indian Leprosy Commission, which would you adopt?—I would say that it is the propagation of a specific poison through the air, water, food, earth, secretions or excretions of the body. If a man had a sore on his finger, and came in contact with a leper with open sores, he might run great risk.

2409. *Chairman.*] You think the disease is only communicated in that way?—Yes.

2410. Could it be propagated by means of inoculation?—Yes; I think it could if the leper had an ulcerated surface discharging and he came into

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contact with a healthy person—at all events there would be great risk. There is not any certainty.

2411. Could the disease be communicated by the propagation of the specific poison through an unbroken surface of the skin or mucous membrane?—I do not think so.

2412. Then you believe it can be communicated in two ways, by inoculation, and through air, food, water, earth, and the secretions or excretions of a patient; do you know of any case in your own experience where the disease has been communicated in that way?—There was a case of a shoemaker's son on Robben Island.

2413. Was he a healthy person?—He was then a lad about eighteen, the son of a shoemaker, and having the freedom of the island, he used to play about with the other lads. He distinctly developed leprosy in the foot. He died at the age of about 21.

2414. How long had he lived on the island?—He was born on the island and lived there all his life.

2415. Did he work at shoemaking at all?—No.

2416. Used he to mix with the lepers at all?—He was about 15 when he first saw the trouble in his foot. His father would not believe there was anything wrong; he thought he had a thorn in his foot, or something of the kind, but his ears began to swell, and there were all the usual symptoms of leprosy. He was isolated in a separate room in his father's house, and had plenty of good food, and was made as comfortable as possible, but at 21 he became very bad and left the island. He was convinced then that he was a leper, and being afraid that we should look him up, he asked permission to go to the mainland, and I could not detain him. We let him go, and he died on the mainland.

2417. Do you know any circumstances attending his death?—He died of leprosy somewhere on the Flats, with all the symptoms of pulmonary trouble.

2418. Did you consider him a leper without doubt when he left the island?—Yes. His own story was that he had hurt himself with a fishhook which he got from leper boys who were fishing. The hook got into his foot, and the wound never healed up. That was his story, but I know nothing about it except this, that the wound in his foot was under the ball of the great toe.

2419. Where did he say he hurt himself?—In the foot.

2420. At what age did that take place?—When he was about 15.

2421. Was the story about the hook confirmed by any other witness?—I cannot say. I could never make head or tail of the boy beyond this story.

2422. *Dr. Dodds.*] Did the boy associate much with the lepers?—He played about on the island and had great freedom.

2423. Did he associate generally with the lepers?—Yes, with the youngsters.

2424. Would he have had any opportunity of sharing the lepers' food?—No, he lived with his father.

2425. But he associated with the lepers and fished with them, did he not?—Yes.

2426. *Dr. Herman.*] Would he get sweets or such things from them?—His father was a very intelligent man, and he never could make out how it happened.

2427. Is his father living?—Yes, he is a shoemaker on the island; and his mother, unless I am mistaken, superintends the washing. She was in my time employed in the female asylum.

2428. *Chairman.*] Did you regard that as a case of inoculation?—Apparently it was so. There are numerous fishing spots on the island, and it is not an uncommon thing for a number of lads to knock about there on the rocks. It is possible this boy may have been among them, and hurt himself

on the rocks, but his story always was that he got wounded with a fish-hook.

2429. Do you know whether when he died he was under the charge of any medical practitioner?—He went to the mainland and I believe put up at some place where they sold poultry out Maitland way, but old Mr. Keene would be able to tell you.

2430. Was there any other case during your personal experience on the island which would bear upon the contagiousness of leprosy or its communicability?—I know of children born on the island who were leprous, when I was one of the Medical Committee; there were seven or eight born of leprous parents. That was in Dr. Edmunds' time, before the women were received.

2431. How was the disease communicated to them?—They were born of leprous parents.

2432. Was the father or the mother leprous?—Both, so we understood.

2433. Is the history clear from the records?—The Rev. Canon Baker will be able to tell you more about it. They lived next door to him.

2434. Do the names and other particulars appear on record?—I could not tell you. The Rev. Canon Baker will tell you everything. He took great interest in the matter when he was chaplain.

2435. In the case of these children, either the mothers or fathers were leprous?—Yes.

2436. Do you know of any case where a child was leprous at the time of birth?—No; but I have known a woman come over to the island with little children, and I have tried to separate them from the mothers, thinking that mischief might arise. I met with great difficulty, but eventually they developed leprosy.

2437. At what age?—One boy was about five years old when he got the disease. I daresay he is still there. When he came with his mother he had no mark of leprosy on him at all, and the same with the other children. I tried to take them away, thinking they were running a risk, but the parents did not like it. After a year or two they began to develope the disease. There was a boy who came with his father, but his father would not allow him to be taken from him; he began to show signs of the disease.

2438. Did these children live with their parents in the leper wards?—The boy was with his father and there was a girl with her mother. They were in the same place, shared the same food, used the same utensils, and were closely associated. Then there were two white lads, farmer's children; one was a big robust fellow about 18, he had a brother about 10 or 11. These two boys were distinctly leprous; the big lad developed a very swollen face and his voice was affected; it seemed to be throat leprosy more than anything else; the other boy had it in his legs and feet. His own history was that he had the marks on him ever since he was six years old, and that his mother was a leper, but you cannot take the statements of these people very well with any degree of certainty.

2439. *Dr. Herman.*] Did the cases you have spoken of develope on the island, or did they come there as lepers?—They came there as lepers.

2440. Can you trace any connection between the two cases of the farmer's boys?—They seem to have come of a leprous stock. Their own account was that their mother was leprous.

2441. Did you investigate the matter?—We questioned them. They were white persons.

2442. *Dr. Dodds.*] Have you ever written any account or statement in which you have gathered up all the evidence as to contagion or heredity?—No. We had too much to do on the island.

2443. In your annual reports did you bring any cases forward?—I said that the lepers were great rascals. They are mischievous fellows, and they give us a lot of trouble.

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2444. You say that the parents of these boys were leprous?—That is their own story.

2445. Do you mean to infer from that that they caught leprosy from their parents?—I think they must have had leprous blood in them, the leper taint, and it developed later on. One boy developed the disease between 7 and 8, and the other did not show it till he was 18 or 19. There was a long interval between the two. The oldest boy was strong and big, and the other was small and took after his mother.

2446. Have you any evidence to prove direct contagion?—No. We all know how these boys live, occupying very often the same room and so on. What always struck me on the island was that these fellows have not the slightest fear of one another; they will kiss and handle one another, and pull each other about, and they even treat visitors in the same way.

2447. Do they do that on the island?—Visitors do not hesitate to kiss them and shake hands with them. If I allowed them, they would shake hands with me every time I went to see them.

2448. *Dr. Herman.*] Do you regard leprosy as contagious?—I should not like to run any risk. I might have a scratch on my hand; you do not know what may happen in the course of a day, you may prick yourself with a thorn; you do not go about with gloves on on the island.

2449. If you had fear, would not you say that the disease was contagious?—It is more the fear of the loathsomeness of it than anything else. For my own part, I would not hesitate to sleep in the same ward with lepers if it was absolutely necessary.

2450. Do you regard it as an infectious disease?—No; I do not regard it as infectious or contagious. I believe it is propagated only in one way, and that is by sexual intercourse. That is my belief.

2451. In what way?—By sexual intercourse. Children are not born with leprosy on them at the time, but they develope it about 7 or 8 years after. I have never seen a leper child under the age of six, but it is difficult sometimes to estimate ages; a child may look five and be six really.

2452. You say that leprosy developes 7 or 8 years after birth, is not that rather a long period of incubation?—I have never seen leprosy in babies, and I have seen a great deal of it in Cape Town.

2453. Are there not many cases recorded where it is impossible to trace it to sexual intercourse; take, for instance, the case of a person 20 years old who had never sexual intercourse at all?—He might get it from his parents.

2454. But you say that it only spreads from sexual intercourse?—He may have inherited the disease from one of his progenitors.

2455. Do you mean that it is spread by heredity?—Yes.

2456. The case you mentioned where a boy got it through a wound made by a fish hook does not bear that out, does it?—You can inoculate the disease directly by such an accident.

2457. Then that is a second means of communication, is it not?—Certainly it is. Cases occur of leprosy being propagated by accident.

2458. *Dr. Dodds.*] In your conversation with lepers have you ever obtained any evidence as to contagion or inoculation?—They always made some excuse, and said they hurt themselves against a rock or something of the sort, but when you pressed the matter very closely, you always found that there was some family history, that uncles or grandfathers or somebody had had the disease.

2459. There always appeared to be some previous history of leprosy?—Yes, some history of that kind.

2460. *Chairman.*] Do you consider leprosy in any of its forms or stages non-contagious?—I think that in the ulcerated stage there is risk.

2461. Is that the only stage where there is a risk?—No, they may suffer from throat leprosy, and they have a difficulty in speaking.

2462. In what form would that occur, in the tubercular form or the

anæsthetic form?—In the tubercular form. If a man in the ulcerated stage happened by accident to take my hand and I got the disease, that is what I would call inoculation by contagion.

2463. Is there any form of leprosy in which a person is not capable of communicating the disease to others?—Sometimes a person comes to the island where the face is perfectly leonine, the voice muffled, ears swollen, and the fingers twisted in every direction, but there are no sores.

2464. Would you consider such a person capable of communicating the disease?—If he gets in contact with a woman he may breed a leper child.

2465. Suppose they lived in the same house, would that be sufficient to convey the disease?—I should say not without sexual intercourse.

2466. Apart from sexual intercourse, would such a man be a danger to the community at large?—I do not think so.

2467. Because there is no broken surface?—Just so.

2468. *Dr. Dodds.*] Supposing such a patient kissed anyone, would there be any risk?—As a rule, the lips are all cracked and terribly broken.

2469. *Dr. Herman.*] Would not that be a source of danger?—Yes, where there is broken surface.

2470. *Chairman.*] Take a case of the anæsthetic type in the initial stage, where there was one or more patches, would such a person be capable of communicating the disease?—No; except by sexual intercourse.

2471. Would there not be any risk of such a man spreading contagion by desquamation of the cuticle if he lived in the same house with healthy people?—I do not think so.

2472. Have you any records to bear out that view?—I have never heard of nor seen such a case during the thirty years I have been in practice.

2473. Has there ever been a case of leprosy communicated to the attendants to your knowledge?—Never on the island.

2474. Were the attendants in close contact with the lepers?—Yes. They worked with them, gave them their clothes, and washed for them.

2475. *Dr. Dodds.*] I believe there were very few attendants in the earlier days, were there not?—Yes; they did the washing for the patients.

2476. *Dr. Herman.*] We have it in evidence that out of 928 children born of leprous parents, only 23 have become affected; how do you account for that?—I do not know what the authority is for those figures. Leprosy, like syphilis, does not develope all at once.

2477. As a rule are lepers prolific; do they have many children?—I could not say.

2478. *Dr. Greathead.*] Do you know of any case where leprosy has been transmitted by vaccination?—I never heard of such a case.

2479. *Chairman.*] Have you had much experience of vaccination?—Thirty years ago I vaccinated several thousand children, and I never heard of such a case.

2480. Was it mainly arm to arm lymph?—No; the lymph was chiefly obtained from England in glasses in the early days of vaccination here.

2481. Did you vaccinate from arm to arm?—Yes, always from white children whose parents I knew.

2482. Have you vaccinated coloured children from coloured children?—Generally from white children. In the early days when I was vaccine officer, I had the name of the parents of the child from whom the lymph was taken, so as to be able to trace the case.

2483. In arm to arm vaccination under those circumstances have you ever known of a case of leprosy?—I never heard of such a thing.

2484. *Dr. Greathead.*] I understand you were public vaccinator?—Yes, for a good many years. I commenced in 1860, I think, and Dr. Landsberg succeeded me.

2485. Are you aware that a small leper colony proceeded from Norway and settled in North America for a long period, and that Dr.

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Hansen, who went over to examine these people after a certain period, found them perfectly healthy ?—I should not wonder at it, because the cold climate would be all in their favour, and they would be well fed.

2486. Are you aware that many of the people in Norway are miserably fed, many of them living only on bark and shells. Are not lepers much influenced by their surroundings ?—I think Norwegians would be improved by going to America.

2487. You think that leprosy is spread largely by sexual intercourse ? —I do not say largely. I say that it is the only way I can trace it and follow it up. You never get patients to give you a true history.

2488. Would that explain the exceedingly wide area of leprosy and the number of cases that exist ?—I cannot understand why it is spread so widely about the world ; it seems to puzzle everybody. In crowded places where the type of life is low and food scarce you see a good deal of it spreading, as in China and India.

2489. *Dr. Dodds.*] Is the disease likely to be mitigated by good food and favourable hygienic surroundings ?—Yes. I have heard Dr. Ebden say that in India he had soldiers under his care who had gone to the poorer districts on leave and in a year's time they had developed leprosy, although they were perfectly healthy when they left. I do not know how to account for that. I have often heard him talk about it, and it is a great puzzle to Indians.

2490. Have you seen an article by Dr. Dixon on leprosy at the Cape, published in the Journal of the Leprosy Investigation Committee, July 1891 ? —Yes, I have read it ; it is very unsatisfactory and misleading.

2491. Are the statements correct in your opinion ?—There is one statement that I distinctly deny, where he says that until the year 1889 the same vehicle was used indifferently for the conveyance of bread, raw meat, groceries, burying lepers, and even taking the dead from the leper wards. That means nothing. Whenever a woman died at the female leper ward at Murray's Bay, the only way was to send down a vehicle containing a coffin, which would be placed on the cart and then brought to the church, from whence it was carried by lepers to the cemetery. There is no harm in that.

2492. *Dr. Herman.*] You see nothing objectionable in that ?—No. The whole thing did not occupy perhaps 20 minutes. As to the living lepers being conveyed, when female lepers were sent over unexpectedly by the boat without any preparatory notice from the Government, I had a cart inspanned and a mattress was placed in it and thus the patients were conveyed up from the boat five or six at a time to Murray's Bay. The cart, of course, would be washed afterwards and I do not see any objection to the practice, under the circumstances of the island then.

2493. *Dr. Dodds.*] Was there any case of contagion from this ?— Never. With regard to carrying bread, raw meat and groceries, all such things were placed in boxes or baskets for distribution amongst the wards round the island, but lepers would not be carried about at the same time. Dr. Dixon goes on to say, " It was stated that this cart never underwent any special cleansing or disinfection, and its appearance, when it first came under the observation of the writer, entirely corroborated the statement." Dr. Dixon probably saw the ration cart after the bread and meat had been taken out to the different wards, in which case it might not be clean then, but it was always cleansed afterwards.

2494. *Dr. Herman.*] Would you recommend that one cart be used as a hearse and another for taking meat and other things round and carrying the lepers ?—Yes. The cart was only used for bringing up the female lepers. There was a hearse at the island, or frame on wheels.

2495. *Dr. Dodds.*] In the article referred to it is said that close contact existed for a long time between lepers and non-lepers, and that the lepers' washing was done by female lunatics in cold water only, and was often mixed with the underclothing of the lunatic patients in the process of wash-

ing; is that exaggerated do you think?—The washing on the island was undertaken by a leper man who was specially paid to do it; it was not given to the female lunatics to wash at all; all they had to do was to iron it and get it up, and do the mending.

2496. *Dr. Herman.*] I see from your evidence given before the Select Committee of the Legislative Council in 1889, that the patients were frequently supplied with brandy which was smuggled on to the island, and that they availed themselves of opportunities to have sexual intercourse with visitors?—Women of the town used to come over to see them, and much brandy was destroyed by me when detected, and the smugglers expelled.

2497. An institution conducted in such a manner is worse than useless in preventing a spread of leprosy, is it not?—We took the brandy from them as often as we could.

2498. There appears to have been free intercourse with healthy people?—Visitors got tickets from the Colonial Office; as many as liked could come over, and there was no one to watch them on the island. If any brandy was found on the patients it was taken from them.

2499. With regard to the patients having sexual intercourse with visitors, have you any evidence to prove that leprosy was spread in that way?—I could not say; very probably, the same as with syphilis.

2500. *Chairman.*] Has the disease to your knowledge ever arisen spontaneously?—I know nothing about that from my own experience.

2501. Is it caused in any way by eating any specific articles of diet such as fish, diseased grain, and so forth?—The lepers themselves used to say that they always got worse when they eat fish, but that very likely was because they were particularly anxious to get meat.

2502. Do you know from your experience that the patients get any exacerbation when on a fish diet?—Yes. I have seen that.

2503. Do they attribute it to the fish?—I think it is due to the salt in the fish. I have seen fresh eruptions come on after a couple of days' feverishness.

2504. Is the disease ever spontaneously cured or arrested?—I think to a certain extent the disease is arrested.

2505. I am speaking of the disease as a whole?—There is one old Cape corps man on Robben Island, who was formerly employed as a cook, and he lost I think three fingers from his hand through leprosy, but since that time he has never shown the slightest sign of leprosy.

2506. Is he over on the island still?—Yes, I think so. He is the only Cape corps man there.

2507. Is that the only case you know of?—Yes. I look upon that as a thoroughly arrested case.

2508. Would you draw any distinction between the terms "arrested" and "cured"?—I would not say such a case was cured, only arrested.

2509. You think the disease is never cured but it may be arrested?—Yes. I would not go farther than that. I think it may be arrested.

2510. Have you no recorded cases?—I have known cases where the sores have healed up, and so far the patient has been generally healthy.

2511. Was that a case of tubercular or anæsthetic leprosy?—Anæsthetic.

2512. Have you never known of the arrest of the tubercular form?—No; they generally die within two or three years from dysentery or diarrhœa and dropsy.

2513. Have you ever known any case of cure as the result of treatment?—No. I have seen the patients get better in health when they have used cod-liver oil and tonics, or got rid of dead bone, &c.

2514. How would you deal with arrested cases of leprosy; would you liberate the patients?—No, because the disease might break out again, and moreover they would not be able to earn a living. That is one of the reasons for segregating them.

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2515. Do you think the disease might break out again if the patient were placed under unfavourable circumstances?—Yes; if the patient were brought back to his old surroundings he might have a fresh outbreak. It is kinder to keep the patients where they are.

2516. Would you release a leper under any circumstances?—He is better I think where he is, in an asylum.

2517. I understand you would under no circumstances release a leper, because the disease might be propagated by inoculation or sexual intercourse? —I would in no case release lepers; I would keep them segregated.

2518. *Dr. Edington.*] I understood you to say that there was more exacerbation after a salt fish diet?—Yes; there was a certain amount of feverishness, and on the third day large patches broke out, tender and hot to the touch.

2519. Did that arise from a gastric cause?—No. I scarcely know how to account for it; it was a fresh eruption of the leprous poison apparently. After six or eight weeks there would still be this discoloration and thickening of the skin.

2520. Are you speaking of salt fish?—Yes.

2521. You do not mean to infer, do you, that a diet of salt fish could cause leprosy?—No, but it is unsuitable for the patients.

2522. *Dr. Dodds.*] Have you ever seen any anæsthetic cases that remained dormant a long time and then broke out again?—In anæsthetic cases the patient cannot feel; he does not even know if he burns himself, there is no sensation at all.

2523. It has been stated that in the case of anæsthetic patients, if they do not die within about 13 years, the disease becomes dormant, and is practically arrested; has that been your experience? — I cannot say. I know you sometimes see these patients standing up to their knees in water, and they do not seem to feel the cold; they will even take fire in their hands without feeling it.

2524. *Dr. Edington.*] If the symptoms have come to a standstill, would you call such a case cured?—It is arrested, but it may break out again. These patients use great pressure in order to induce you to give them their liberty. If you allowed them to go to the mainland, they might in six months' time come back a great deal worse than ever they were before, perhaps miserable objects, all over sores, and in a most disgusting condition, although when they go they are nice and clean and apparently well. I have seen that in more than one case, and I recommended the Government to give them no more liberty ashore, and our instructions were to throw all sorts of difficulties in their way, which we did by simply refusing them leave.

252 . *Chairman.*] I understand you to say that there is a recrudescence of the disease when patients are subjected to inferior hygienic conditions and inferior living?—Yes, their general condition deteriorates.

2526. Does that apply to all forms of leprosy?—I only speak of the forms that have come under my notice.

2527. What meaning do you attach to the term "heredity" as applied to leprosy?—I think it is a very injudicious thing for any person to marry into a family where leprosy can be traced.

2528. As regards heredity, would you say there is actual transmission of the disease from parent to child, or only a predisposition to the disease? —It is the same as with consumption; there is a predisposition. You may have a consumptive taint, and you may have a leprous taint, from no fault of your own.

2529. Would you say there was actual transmission of the disease?—I cannot answer that; it is a mysterious thing.

2530. *Dr. Edington.*] Have you ever known the case of a fœtus being leprotic?—No.

2531. Do you believe if a child became leprous, the actual disease is

acquired after birth or before birth?—It manifests itself later on, in my opinion, as the child grows older.

2532. Is it possible to have it before birth?—I have no evidence as to that.

2533. Leaving that an open question, do you believe there are peculiar hereditary proclivities that are transmitted?—I do not know how it is done. You have a consumptive taint, but a child may not be born with tuberculous lungs. Later on, when the child arrives at puberty, the disease may manifest itself.

2534. You say there is a taint, what do you mean by that?—I think a predisposition to leprosy would be in the blood.

2535. Do you mean to insist that children born of leprous parents are less adapted, when they grow older, to resist leprosy?—The children of leper parents run great risk of developing leprosy, and no one should marry them I think.

2536. Do you mean they are better adapted for the growth of the bacillus lepræ?—I think so. It is a very serious thing marrying into a leprous family.

2537. *Chairman.*] What is the age of the youngest leprous child you have seen?—Six years old I think.

2538. Do you think that heredity in the sense of leprous parents is the strongest cause of the spread of the disease?—I think it is the most active cause, next to accidental inoculation.

2539. *Dr. Edington.*] Apart from contagion?—Yes. We have noticed among the patients a large number of Hottentots. I suppose it is due to their miserable surroundings.

2540. *Chairman.*] Would you allow conjugal intercourse between lepers?—Yes. If lepers like to marry each other there is no reason why they should not do so.

2541. *Dr. Edington.*] Has the result of conjugal intercourse affected the spread of the disease?—Yes, I think so.

2542. Putting aside all sentimental objections, is it advisable that lepers should be allowed to have sexual intercourse?—You ought not to deprive them of their civil rights I think as spouses.

2543. Putting aside all sentimental objections, with a view to the arrest of leprosy would you permit it?—I think there ought to be a separation of the sexes; it is a very desirable thing, and I know that on Robben Island it had the very best effects.

2544. *Dr. Herman.*] Would you prevent conjugal intercourse under all circumstances; should a leper man married to a leper woman live with her?—If they are married you cannot help yourself.

2545. *Dr. Dodds.*] You could prevent two insane persons living together, could you not do the same with lepers?—You could imprison them and separate them forcibly, but if a lunatic has a sane interval, you cannot prevent a husband visiting his wife.

2546. *Chairman.*] Have you ever known a case of leprosy due to sexual intercourse, a healthy subject on one side and a leper on the other?—Not from my personal knowledge.

2547. Is there any record of such a case?—No, not to my knowledge.

2548. Is it possible do you think?—Yes. People tell you of such things.

2549. With regard to the period of incubation in leprosy, do you believe that there is such a period?—I know nothing about it.

2550. *Dr. Herman.*] You mentioned the case of a boy who was wounded in the foot, did you get any particulars as to that?—All we learned was that the patient was about 15 years old when it happened.

2551. *Dr. Edington.*] When did the disease manifest itself?—I saw the boy when he was 18.

2552. Where did the disease show itself?—In the foot.

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2553. *Dr. Herman.*] Do you think the period of incubation in all cases is constant?—I cannot say. I only know that you seldom see a case before six or seven years old.

2554. Some of the cases would presuppose a long period of incubation, would they not?—Yes. I know the case of a gentleman in Cape Town, who died at the age of 42 years. It was only during the last five years of his life that he showed it.

2555. What does that prove?—That the disease can manifest itself late in the family history. In the case I allude to, the person lived in good circumstances and his family were well off. He did not show any symptoms till within the last five years of his life.

2556. Might the period of incubation be 40 years?—You might protract it to 60.

2557. Is not that unscientific?—I do not consider it so; it is a fact. I have seen cases among old sailors, who showed leprosy when they were between 50 and 60 years old. They had not manifested it before, and they swore that they had not picked it up from anybody.

2558. Did these sailors come to Robben Island as lepers?—They were sent there as lepers.

2559. Was there no history of their being in contact with other lepers?—Not that we could trace.

2560. Did the leprosy originate spontaneously?—I do not know, they could give no account of it.

2561. Is it not fallacious to say that the period of incubation was 40 years?—You cannot fix any date as regards some patients. There was one soldier and also a sailor, both dead, and these men according to their own story never had anything of the kind till they were sent to the island. They must have been over 50 years old.

2562. *Chairman.*] Is it possible to diagnose the disease during the period of incubation or even in its early stages?—You would naturally enquire into the family history before you could commit yourself to anything.

2563. *Dr. Dodds.*] Do you know of any group of cases which we might investigate—cases that are now living?—I have been quite out of it for five or six years. The other day a little child was brought to me to be vaccinated, and I had a strong suspicion that it was a case of leprosy, and I told the mother so at the time, owing to the peculiar appearance of the eyelids, and the eyeballs and the peculiarity of the joints. I could trace that case. The parents denied that it was so when I asked them.

2564. *Chairman.*] Do you know of any doubtful cases of leprosy?—There was one man who came over to the island as a shoemaker to the female lepers, and he had a little girl who has got anæsthetic patches. Two or three medical men looked at the girl, and at the end of three months she was discharged from the island and I have not heard of the case getting worse. She had all the appearance of a leper, a wound in the foot, a peculiarity about the joints and the eyes and all the rest of it. I have not seen the girl since, but the father met me the other day and he said that the child was perfectly well. I could find the man; he had two children, a boy and a girl. I saw the man only yesterday.

2565. How would you from time to time ascertain the health of a possibly infected patient who was set at liberty?—We know nothing about patients after they have left the island. This shoemaker was sent over to the island as an official, and he took his family with him. The girl was down at the female asylum. That is one of the cases that either Dr. Impey or Dr. Dixon discharged.

2566. Are you acquainted with the present system of segregation?—I know the terms of it.

2567. Broadly speaking, do you approve of segregation as applied to leprosy?—I consider that it is a great blessing for these people.

2568. Do you approve of the principle of segregation under the present Act?—I have always thought that there ought to be a standing committee in Cape Town by whom all these cases should first be sifted

2569. Do you think the present system requires modification in that direction?—Certainly.

2570. Why?—A man is convicted and sent to the breakwater, and perhaps after he has been there a little time he developes symptoms which the doctor thinks indicate leprosy; he immediately moves the Secretary to the Law Department to have that man removed from the convict station and sent over to the island; that is all the authority we get, and we must take him; he is no longer a convict and is not placed under any control.

2571. Do you think that is a risk to the liberty of the subject, and that there might be an error in diagnosis?—Not only that, but you introduce a very unpleasant element on the island; you get convicts who do a lot of mischief. Such persons, I think, ought to go before some Board.

2572. Do you think that segregation ought to be modified in the direction of having a Board before whom all doubtful cases should come?—Yes. All cases should be sifted by such a Board.

2573. Would you suggest that the certificate for sending a patient to Robben Island should be on a similar footing to the lunacy certificate, which requires the signature of two medical men?—I think that every case ought first to be submitted to a Board. It could be arranged at the Old Somerset Hospital to detain patients there for about a week.

2574. You think that would safeguard the liberty of the subject and also prevent objectionable persons like convicts being sent to the island?—Yes. That is one thing, but there is also this to be considered: if a person is sent over to the island who does not turn out to be a leper and is discharged, it makes everybody else unhappy and dissatisfied on the island. Very often pressure is brought to bear upon doctors by clergymen and others who want to get rid of some objectionable person. That is the way some of these cases are sent.

2575. Would you have a Board permanently sitting?—Yes.

2576. Would you also have a probationary establishment or receiving house?—A patient ought to be at least a week or a fortnight at the Old Somerset Hospital.

2577. Would you use that as a probationary establishment?—Yes; there is accommodation there.

2578. And they would await there the final decision of the Board?—Yes.

2579. How long?—A fortnight or a month.

2580. Would you say three months?—Not so long I think. The first thing should be to either verify the statement of the doctor who committed the case or disapprove of it. A cautious Board, unless they were satisfied, would not forward the case to Robben Island. Of course, if a person was obviously a leper he would go at once to the island. I am only talking about the doubtful cases.

2581. *Dr. Edington.*] Would you pass all cases through the Board whether they were obviously lepers or not?—Yes. As I have already said, there is sometimes great alarm in a district and great pressure is brought to bear upon the magistrate or district surgeon. Perhaps it is only a case of syphilis in tertiary form.

2582. Do you think what you suggest would be an additional means of eradicating the disease in the Colony?—If you took such precautions you would limit the number of people coming under treatment.

2583. Do you think any other means besides segregation might be adopted to prevent the spread of the disease?—Segregation seems to be the only method open.

2584. *Dr. Dodds.*] Ought segregation to be compulsory in your

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opinion?—If you make it compulsory you must make provision for the accommodation of all the lepers; at present there is not accommodation enough.

2585. You do not put it on the ground that the disease is contagious or hereditary, but on the ground that it would be very difficult otherwise to take care of these people?—I do not think there is any other way but segregation. These people are for the most part paupers, and they could not earn a livelihood. They would only wander about the country without anyone to take care of them, and another thing is, the possibility of a recrudescence of the disease. We hear a good deal about the increase of leprosy in certain districts, but what really happens is that an active magistrate or district surgeon looks after the lepers and gets them out of the district, and they then go to another district. Every leper should be registered in this country and I have been trying to urge that upon the Government for years.

2586. *Dr. Herman.*] Do you advocate segregation for the poorer classes as distinguished from the better class; would you for instance segregate people who were able to take care of themselves?—As a rule, such people do not come under our notice; they hide themselves or their friends conceal them.

2587. Suppose such cases did come under your notice, would the Act be enforced all the same?—You would have to make accommodation to meet such cases.

2588. Would you segregate them on the island?—They might be segregated on the mainland and it would be much kinder to the patients, but you would have to separate them from their families and put them under treatment. I would not like to mix them up with the coloured people.

2589. *Chairman.*] Are you in favour of the better class patients being treated in their own homes?—I do not think so.

2590. Would you be in favour of their being treated on their own farms?—I think there ought to be a hospital for the better class patients.

2591. And in the case of those who could not contribute anything towards the expenses and had no friends would you have them sent over to the island?—Yes.

2592. Do you recognise a form of syphilitic leprosy, or is it superadded to the leprosy?—It is marvellous what an amount of syphilis is mixed up with some of the cases. Apparently it is superadded; I think they are two things. I have heard some people say that leprosy is tertiary syphilis, but that is absurd.

2593. In the event of the disease being extinguished in the Colony, do you recognise any source of danger from its being imported from outside the Colony?—Only through the Indians I think. There are very few Chinese come here.

2594. Might not there be a risk of importing the disease from the neighbouring territories such as the Transvaal and Bechuanaland?—I do not know much about the Transvaal, there are very few cases among the Kafirs on the island: it is more among the Hottentots.

2595. Can a leper be allowed to remain under any circumstances at large without danger of spreading the disease?—I think if a patient has got no open sores he is not a public danger, except through co-habitation.

2596. Would you let him be free if he had no open sores?—If he had no open sores I do not think he is a serious danger to the community, but on the other hand he may contract marriage, that is where the trouble comes in. I think all lepers ought to be segregated if you had the accommodation. I would first get the cases with open sores under control. It is no use filling up the asylum with able-bodied men when there are cases with open sores about. I think there ought to be segregation, either on Robben Island or on the mainland. It is a matter of public convenience, but in the long run it will come to this, that the coloured people will go to the island and the whites will be accommodated on the mainland.

2597. Do you think Robben Island affords the best possible locality for carrying out the conditions of segregation?—I think it would be better if there was more water and gardens so that the patients could have something to attend to.

2598. Do you think Robben Island is a place where segregation can be carried out well?—It could be carried out well. The lepers are segregated on the island, but the segregation itself does not come to very much, as the public can get at the patients as much as they please. The females are more confined, but the males have the freedom of the whole island.

2599. Have the public from the mainland free access to both the male and female patients?—Yes; even prostitutes go over to the island, at least so I hear from people there. The patients cannot get away from the island, but there is nothing to prevent people from going over to see them.

2600. Then practically there is no real segregation with the males, is there?—No.

2601. *Dr. Dodds.*] Is it not against the rules to mix with the lepers? —But who is to enforce the rules, when you have no police or compounds?—

2602. *Chairman.*] In order to enforce the rules of segregation the males would have to be kept within the wards, would they not?—They ought to be. There ought to be boundaries with janitors, but the Government will not allow it.

2603. Can the patients roam about on visiting days; is there no means of locking them up?—No, not in my time.

2604. Then it is modified segregation so far as the males are concerned? —Yes. All the leper pavilions ought to be enclosed and on boat days there should be janitors at the boundaries.

2605. Are the women segregated?—They are supposed to be under lock and key.

2606. Do they get out?—The male lepers get to them. Children have been born on the island, but not in my time.

2607. *Dr. Herman.*] Is it a fact that children have been born on the island of leper women?—Yes; men have got into the compound from what I have heard since I have left.

2608. *Dr. Dodds.*] When was that?—I only know what the constables and others have told me on hearsay.

2609. Are there any records on the island of the children born of leper women?—There ought to be a note made of every birth as well as of every death on the island.

2610. *Chairman.*] Do you consider that the climate of Robben Island is favourable for lepers?— It is a splendid climate, the finest place in South Africa for health.

2611. Why do you say that?—It is in the middle of the sea, and the air is perfectly pure and dry. The only unpleasantness is from the sea weed in prolonged westerly gales.

2612. During the time you were there had you any epidemic?—Only mumps, brought on by the iodine in the seaweed. It is sometimes five feet thick and the people are close to it.

2613. Do you think the general characteristics of the island are beneficial for the lepers?—Yes; it is a most healthy place.

2614. The climate you think has no prejudical effect on the lepers?— No.

2615. Is not the glare from the sand very troublesome?—I never saw any bad eyes on the island; there is no eye disease.

2616. *Dr. Herman.*] Are the throats of the lepers affected?—They get tubercular patches in the throat.

2617. *Chairman.*] In the case of lepers coming from a high altitude, as for instance the Free State, would they be prejudicially affected on the island through the climate?—They have only lately come down from there and would enjoy change.

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2618. Is there a fair water supply on the island?—The water is good and there is plenty of it. The pumping power might be better, the wells are from 48 to 50 feet deep.

2619. Have they ever been exhausted?—All the wells have been empty except one, which has always water in it. That is the one the donkey walks round. The water on the island is of course nothing more than percolated rain water which gets down to the bed rock, there are no springs; the water is slightly hard, and you have to use a particular soap with it, but you can drink it and enjoy it.

2620. Then you think the climatic and general conditions of the island are in every way suitable?—I consider it a little paradise: it only wants a good wharf, as the steamer goes backwards and forwards. I would myself go and live there to-morrow if I was strong enough, but I had to leave on account of asthma.

2621. *Dr. Edington.*] Is the climate of the island likely to induce asthma?—No; there is only one other person, the matron, subject to asthma, and she says she is better since she has been there. What is wanted are leper lodges on the island with janitors; there is no means of keeping the patients within bounds.

2622. *Dr. Herman.*] Have there been any epidemics of zymotic disease on the island?—There was a little typhoid fever once, due to the infamous drainage, but that was attended to. The drainage passed under people's houses. That was when I first went over to the island in 1884.

2623. Does that exist at any particular part?—It is just close to where the shambles are. I had a big trench cut, and passed the drainage on.

2624. Is that the locality known as "Typhoid row"?—Dr. Wynne called it "Typhoid row."

2625. Was there an epidemic of typhoid fever in 1892?—I do not know about that.

2626. Is there not typhoid fever occurring every year?—I never treated a case of typhoid during the six years I was on the island.

2627. Did you not find cases of slight fever occurring rather frequently?—There was very little sickness on the island. Diarrhœa is the chief trouble, and that is because the patients stuff themselves with fruit on boat days. The sanitation of the island is very good. Formerly the large drain or sewer that carried off the refuse from the island was allowed to touch the sea at low-water mark instead of above it, so that when the tide rose it got full of sand, and was choked with seaweed. That was the fault of the Public Works Department.

2628. *Chairman.*] What modification would you suggest in the arrangements on the island?—There ought to be leper lodges with proper janitors.

2629. Would you be inclined to make it a premium for good behaviour that patients should have more freedom?—As long as they behaved themselves I would give them more freedom.

2630. Would you have a certain area in which the well behaved male lepers could reside and go about and certain cells for cases of insubordination?—Yes.

2631. And access to them at certain hours?—Yes.

2632. How would you do on boat days?—The male lepers should be interviewed in some enclosure or in a common room. There ought to be a proper guest room for receiving visitors in, and they should see their friends there; then there would not be any indecency, impropriety, or smuggling. There is a lot of smuggling of dagga goes on.

2633. Does that exert a prejudicial effect?—Yes. If ever a murder occurs it will be through the smuggling of dagga; they are very troublesome when they get it to smoke.

2634. Is there anything else you could suggest with regard to modifying the segregation?—I do not know of anything else. Leper patients are

very troublesome to deal with. You cannot starve them and you cannot flog them; all you can do is to deprive them of their liberty.

2635. What do you say about the segregation of the women?—They ought to be away from the island altogether.

2636. If the women were removed from the island would there be less trouble?—Yes; and they are in a bad part of the island.

2637. Can they get out?—They can get over the wall easily enough at night.

2638. *Dr. Dodds.*] Are there not guards watching at night?—There were not in my time.

2639. *Dr. Edington.*] Have you ever known of anyone going to the female quarters at night-time?—People go out fishing and call at the island. There is a certain rock where they can land. The female lepers should not be on the island.

2640. *Dr. Herman.*] Do you know of any case where people have gone over from the mainland except in the ordinary way?—Since my time I heard that things had been thrown over from boats.

2641. Was that before you were there?—No.

2642. *Chairman.*] Have you anything else to suggest?—The white patients ought to be separated from the coloured patients.

2643. Would you have any separation in regard to the different stages of the disease?—In my time there was no leper hospital; the men were treated in the wards, and perhaps the doctor had to trudge all over the island looking for them; they might be away fishing.

2644. *Dr. Dodds.*] If there was a fence round the women's quarters and night watchmen, would you still think the women ought to be removed from the island?—Yes; the male lepers can visit them at night, so I hear from people on the island; they get over the wall, I cannot give you my authority, but I have heard it from reliable persons. It is a very improper thing for the women to be over there. The Rev. Canon Baker will tell you the same thing. The Medical Board in my time did everything they could to prevent it.

2645. *Chairman.*] How would you proceed to have cases of leprosy notified to the proper authorities?—At present the Government call upon medical practitioners to notify the occurrence of contagious diseases that come under their notice, and they might be instructed to include leprosy if they come across a case.

2646. Suppose a medical practitioner says he will not do it?—He would have to do so if it was the law.

2647. Would you call upon anyone else to notify cases to the Government?—You must have a medical man to notify; a policeman would be no good.

2648. *Dr. Edington.*] Would you personally object if there was a law compelling every medical man who had a case of leprosy brought directly under his notice to report it?—No. I think he ought to report it in order that proper treatment might be applied. I would relieve a medical man of treating the case on his own responsibility.

2649. *Chairman.*] Would you virtually make medical men detectives?—No; I do not mean that. If a person comes under my notice, I ought to tell the Government in order that he may have proper treatment.

2650. Do you think an Act ought to be passed calling upon all medical men to report cases of leprosy?—Yes; it would be a good thing.

2651. How would you deal with cases where no medical man was in attendance; would it not lead to the concealment of cases?—There are cases of concealment now.

2652. Would it not tend to increase the number; a leper would not perhaps go to have any treatment if he knew he had to be segregated?—At present if a case of leprosy is brought to the notice of a magistrate, he is bound to take notice of it.

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2653. Who is to bring it to the notice of the magistrate ?—The medical man.

2654. Would you not throw the onus on anybody else ?--You might throw it on the householder.

2655. *Dr. Edington.*] In the case of Kafir locations would you make the headman responsible ?—I suppose it would come to that. At present the Town Council insists upon the notification of all births and deaths. If a child is born in prison, the gaoler has to report it, and the same at a hospital.

2656. Do you think there are many cases of leprosy concealed at present ?—You hear of them through servants, and people of that stamp. I do not see what is to prevent every known case of leprosy being registered. It is impossible for the Government to make enough accommodation all at once for every case that is brought to its notice; but in the meantime a note might be taken of the cases so that they could not move from the district. At present you cannot find out how many cases there are in the Colony. The Government has an idea that there are 5000 lepers in the country. I put it down at about 600, and my figures have worked out fairly well; at the same time I think there are more, but if they were registered you would have a check.

2657. *Dr. Herman.*] Have you any evidence to prove that leprosy is on the increase ?—I do not think it is, except that there are young children coming on who may develope it later on.

2658. Would you put young children born of leprous parents under any form of supervision ?—Yes; that might be necessary till they grow up a little bigger and they have no open sores.

2659. Would you follow them ?—There would be a difficulty about their getting into schools if their family history leaked out, but they might be registered and kept in view.

Cape Town, Friday, February 16th, 1894.

PRESENT:

DR. MURRAY (*Chairman*).

Dr. Edington,	Dr. Greathead,
,, Dodds,	,, Herman,
,, Fismer,	

Dr. J. F. Dixon examined.

Dr. *J. F. Dixon.* — Feb. 16th, 1894.

2660. *Chairman.*] Have you held any official appointment that would bring the disease known as leprosy under your observation and treatment ?—Yes; I was two years and three months on Robben Island.

2661. At what date was that ?—From 1st October 1889 to the end of December, 1891.

2662. Was Robben Island then used as a leper settlement ?—It was.

2663. Have you any practical knowledge of the disease known as leprosy from your personal observation ?—I observed it a good deal during the time I was on Robben Island.

2664. Had you any knowledge of the disease previous to taking up your appointment there ?—I had not.

2665. Did you make a study of the disease while you were on the island ?—I did.

2666. From what aspect did you approach the study ?—More especially with a view to endeavour to trace its origin in individual cases.

2667. Clinically ?—Yes.

2668. Did you approach the study of the disease from a pathological

or bacteriological aspect?—No. I contented myself with reading and such investigations as I could conduct myself.

2669. Were there many cases on Robben Island at that time?—120, male and female.

2670. What section came under your immediate care?—Both: the females more especially latterly.

2671. How many cases in all were there?—About 120.

2672. Did you make any records at that time?—Yes, I have a number of recorded cases, but they are on the island and I am necessarily a little handicapped by that, I have not had access to them since I left.

2673. Are they available?—Yes.

2674. Would you first explain to the Commission what meaning you attach to the word "contagion" as applied to leprosy?—I should say my definition would be a disease of which the specific poison might be communicated from one individual to another, either directly or through some intermediate vehicle.

2675. The terms selected by the Indian Leprosy Commission were the following, firstly propagation of the specific poison through an unbroken surface of skin or mucous membrane: secondly propagation by introduction of the specific poison through a broken surface of skin or mucous membrane: and thirdly, propagation of the specific poison through air, water, food, earth, secretions or excretions of the body. Have you any thing to say with regard to those terms?—I should wish specially to lay stress on numbers 2 and 3, inoculation and communicability. No. 1 may be a cause.

2676. Do you believe now that leprosy is inoculable or contagious in that sense?—I think it is contagious in the sense more especially of definitions 2 and 3.

2677. In what degree would you consider leprosy contagious?—I should say that No. 1 is the least frequent source.

2678. Have you in your possession any records which would support your view that that is the least frequent source?—Yes; from a negative point of view.

2679. Could you tell us what those cases were?—There is an article which I wrote in the Journal of the Leprosy Investigation Committee for July, 1891. That is written from a negative standpoint.

2680. Do you still hold the views expressed there?—Yes. I have not departed from the opinions there expressed.

2681. I see you quote the case of a boy that is stated to have been injured in the hand by a fish-hook. Is that the only case in your experience which at all approximates to inoculation or direct contagion?—Yes.

2682. Did you see this boy?—No, he was dead before I went to the island.

2683. From what source did you obtain the record?—I think it was chiefly through his parents.

2684. You speak from memory?—Yes.

2685. Could you say that there are no records on the island of this boy's case?—I could never discover any. I got the history of the case from the parents and some other person whose name I forget.

2686. Were the parents white or coloured?—They were white people.

2687. Would you assume that there might have been any source of error in detailing the case?—Undoubtedly. There was some account for instance about the boy being supplied with broken victuals by the lepers.

2688. Did he associate intimately with the lepers?—Yes; he associated with them a good deal; he used to fish with them on the rocks, and I was told that they used to supply him with broken victuals at those times.

2689. *Dr. Herman.*] That is all hearsay is it not?—Yes. I did not see the case myself.

2690. You elicited this information from others?—Yes; but I believe the witnesses are still available.

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2691. *Chairman.*] Is there conclusive proof that this was a case of contagion?—No: the mere circumstance of the broken victuals prevents any exclusive opinion.

2692. Do you deny the spread of leprosy by direct contagion?—It is probably the least frequent source.

2693. Why do you think that?—I think it is more usually communicated through air, water, food, earth, and the secretions or excretions of the body, *e.g.*, enteric fever.

2694. What are the reasons for your doubting the communicability of the disease through contagion, direct contact?—My grounds are chiefly negative. I have collected a number of cases where there is striking absence of any history of direct contagion.

2695. Have you ever known of a case of leprosy having been communicated in any way?—There is one case which occurs to my mind, and there are other cases in my records, but I have not seen them for a very long time now. I think it was at Swellendam, there was the case of a constable and his wife; they were Irish people and they had three children. These children used to go every day to play with the gaoler's children, and in a room attached to the gaol were two lepers. The lepers were supplied with food and fruit, in greater quantities sometimes than they could consume, and the gaoler's children gave the others some of it. At the time I saw those children, the eldest girl and the second girl had undoubted signs of leprosy. These cases were recorded in my clinical records on the island.

2696. *Dr. Herman.*] Are the patients still on the island?—No; I think not. I heard indirectly that the girl had been sent back to her parents. I have nothing official, but the records at length are available.

2697. *Chairman.*] Is that the only case you can remember affording an instance of the spread of leprosy by other means than direct contagion?—Yes; that is the only case I can recollect. I could not say that it is the only case recorded by me; there may be others but I should like to say that I was generally struck by the absence of any evidence of direct contagion in the majority of cases I took.

2698. You speak in your article of certain people who lived in the leper wards for years and did not contract the disease?—Yes.

2699. In your opinion leprosy is spread through contaminated food, air, water, earth, and so on and through contagion?—Yes; I could not go beyond those two causes if I express my opinion.

2700. Is leprosy ever spread by any other means, do you think?—I can imagine that it might be spread by contaminated clothing or bedding under certain conditions, but I should say that is infrequent. I have come to the general conclusion that the contamination of air, water, food, earth, and so on is the most common source, and I should like to add utensils in common use.

2701. *Dr. Edington.*] Do you think that leprosy is spread by inoculation?—I have no experience as to that.

2702. You have no data on which to go?—No.

2703. Can you compare the degree of contagiousness in leprosy with that in any other diseases?—I should put it low down on the scale of contagious diseases distinctly.

2704. Would you say it was more or less contagious than tuberculosis?—Probably about the same grade, perhaps a little above it, a little more contagious.

2705. *Dr. Herman.*] Is it possible, do you think, to rank contagious diseases in such a scale: have not certain diseases a different method of finding entrance into the system?—Yes.

2706. And in certain cases the contagion appears to be more active?—Yes; smallpox is a more infectious disease I should say, and you would certainly put syphilis a long way above leprosy.

2706A. After all, is it not dependent on the peculiar way in which the

germs are given off and diffused through space, and find an entrance into the patient?—No doubt that accounts for the difference very much.

2707. If, as you say, there are only a few points by which it can find entrance into the system, it does not follow, does it, that the disease is only slightly contagious?—No, other means may be artificially supplied. For instance, if experimental inoculation were undertaken it might be found to be very infectious, but in the ordinary experience of every day life those occasions do not often present themselves.

2708. On the whole, you agree that there is rather a fallacy underlying the explanation of contagiousness in a particular way?—I think so; we must allow for the inequality of factors.

2709. *Dr. Dodds.*] Have you any evidence of leprosy due to contaminated water?—When you speak of contaminated water, the contagion might arise from the cups in which the water was drunk.

2710. Speaking generally, had most of the cases you enquired into come into contact previously with other cases of leprosy?—No, they had not so far as I could ascertain.

2711. In the majority of cases they had not seen or lived with, or had much to do with other lepers?—I should say not.

2712. *Dr. Herman.*] Are ordinary cases of leprosy so decided and well marked that an average individual would know the moment he came in contact with a leper?—Not in the early stages.

2713. Could he in the advanced stages?—It would depend on its manifestation.

2714. Therefore a person may associate with a leper for a number of years and yet not be in a position to give any history of the case?—Quite so. Formerly we did not get cases of leprosy in the early stage.

2715. Is there not a large element of error even in the diagnosis of professional men?—Yes, there is.

2716. *Dr. Greathead.*] At what stage of the disease do you regard it as being most communicable?—The further it is advanced the more the tissues are infiltrated with the disease, especially when the throat is affected, and it is there that my theory comes in. You get the bacillus in the saliva and in the nasal secretions, and with people of dirty habits there are constant opportunities for indirect contagion to take place.

2717. Are you of opinion that leprosy is communicable in its early stages before any ulceration takes place?—I think that ulceration is not necessarily a factor by any means. I should look upon throat complication as much more important than ulcerations of the extremities.

2718. Whether any surface on the patient was broken or not?—I do not think that broken surface is necessarily a source of danger, that is usually covered by the dressing.

2719. If there was a large quantity of prurient secretion from a wound, and that came in contact with a healthy subject, would it be more likely to produce the disease than merely the breath or the saliva?—The pus would be more active if it came into equally intimate contact.

2720. Are there any cases supposed to have spread by the pus being mixed with the earth upon which patients have walked, other people walking over the same ground afterwards with bare feet; do you think that would be possible?—Yes, I should think that possible.

2721. *Dr. Herman.*] Are there any other secretions which contain the leprous poison?—The saliva and the nasal secretions undoubtedly contain it.

2722. Where there is no affection of the throat or the air passages?—In the absence of such affection I could not say to what extent the poison would be latent.

2723. Do you consider leprotic diarrhœa an element of danger in the disease?—It is a late sign, as a rule.

2724. Do you consider it an element of danger in the spread of the

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disease?—Yes, I should think so. We always adopted special precautions, although I never knew it to be a source of infection in my own experience. When a case is under medical treatment, that sort of thing is guarded against.

2725. Is the baccillus lepræ contained in the spermatic fluid?—I do not know.

2726. *Chairman.*] You spoke of nasal and throat secretions; have you looked for the bacillus lepræ in that direction?—No. I have only taken what I found recorded. I never investigated the matter myself.

2727. Have you ever known from your own personal knowledge of a case of leprosy spread by vaccination?—I took down two cases in which the patients themselves attributed it to that.

2728. You have no doubt vaccinated largely; do you know of any case in your own experience?—Not out here. There was a case of Mrs. ——, and a young girl, I think both from the Wynberg district.

2729. Did you go into those cases?—Yes, they are still in the case books.

2730. Did you make a note in the case book of any conclusions you arrived at after investigating those cases?—I forget whether I expressed any opinion or whether I contented myself with writing down such facts as I could collect.

2731. Can you give the Commission any reliable evidence concerning those cases?—No; the evidence after all was purely circumstantial. The facts were briefly these: The patients were re-vaccinated at the time of the great small-pox invasion some years ago. They were both white people and had never shown any signs of leprosy, nor were they aware of having come into contact with any leper. Some years afterwards they both developed signs of leprosy.

2732. Does not the evidence consist merely of the statement of the persons themselves; have you any corroborative evidence from independent observers?—No.

2733. Would you have recorded the evidence which you got as scientific evidence?—I think further evidence would be wanting before you could draw any dogmatic conclusions. I got such evidence as was available in the ordinary course of one's work.

2734. Would you have drawn any conclusions from that evidence alone; was your mind satisfied that vaccination was the cause?—I would not have been quite satisfied. I would have drawn a provisional conclusion, in fact for a long time I was of opinion that it was a good instance of communicability through vaccination, but latterly I began to waver in that opinion, and I do not consider the opinion of any special value.

2735. You assumed that it was a good instance of communicability through vaccination but you had nothing but the statement of the people themselves to guide you: you had no other evidence at all?—No. I thought that the disease had been in progress some time when I observed it; I do not look on the case as recent.

2736. Can your records be obtained on the island?—Yes, they are in my own handwriting and can be identified.

2737. *Dr. Greathead.*] In taking reports from patients like that, do not you think they are very often inclined to attribute certain complaints to vaccination?—Yes, you should always allow for that. Those are the only two patients to my recollection who suggested vaccination as a possible cause of the disease. I have seen every class of disease set down to vaccination during my practice at home.

2738. *Dr. Fismer.*] With regard to the two cases you mentioned, had they any knowledge of the persons from whom they were vaccinated?—I do not suppose they had.

2739. *Dr. Herman.*] Do you think there is any possibility of connecting vaccination with leprosy?—I should not say so without any series of experiments.

2740. In those cases you mentioned, did the initial sores commence at the seat of inoculation?—They did not.

2741. How long after the inoculation did the leprosy begin?—That I forget. I think the cases had been in progress about four years when we got hold of them.

2742. *Dr. Dodds.*] Under the ordinary conditions of life in this country do you think there is any danger in non-lepers living in the same house with lepers?—I should say there was distinctly.

2743. You think there would be a danger of contracting the disease?—Yes.

2744. *Chairman.*] Are you of opinion that the disease is more contagious in certain forms and stages than others?—I should certainly say that tubercular cases are the most contagious.

2745. Why?—Because in those cases ulceration is by far most common.

2746. Is the disease non-contagious in your opinion in any of its forms or stages?—I would not like to say that. My opinion is that such is not the case.

2747. Not in any stage?—No; though no doubt there are comparative degrees of contagion it seems reasonable to think.

2748. You merely express that as an opinion; you have no data to go upon, have you?—No.

2749. Does the disease ever arise spontaneously?—I should think not, reasoning from analogy, and what one observes in kindred disorders.

2750. Have you ever known the disease to arise *de novo* in any single case?—In a great many cases no conclusive history could be obtained.

2751. Have you any history of a case coming from an area where leprosy did not exist?—I do not recollect such a case. Some cases have lived in so many districts that it would be difficult to locate the source or area where the infection might have been contracted.

2752. Are you of opinion that the disease is caused by eating certain articles of diet?—I would not say certain articles; I would say any articles of diet, supposing they have been themselves exposed to the leprous poison.

2753. Do you know of any group of cases where persons have exclusively used any article of diet which might have originated the disease?—No; all my enquiries directly negative the theory.

2754. *Dr. Edington.*] When lepers have been given a salt diet have you observed any exacerbation of the disease?—The patients have never had a salt diet in my time, at all events not frequently enough to induce anything of the sort.

2755. *Dr. Dodds.*] Although in a great number of cases you could find no history of contagion, yet you feel able to say that the disease never arises spontaneously?—I say that is my opinion. I cannot imagine its doing so.

2756. Have you read the report of the Indian Leprosy Commission?—Parts of it.

2757. Did you read what their opinion about the origin of the disease is?—No.

2758. *Chairman.*] Does the disease ever undergo a spontaneous cure?—It becomes arrested in some cases.

2759. Have you any record of cases in which the disease has become arrested?—Yes.

2760. Were they on Robben Island?—Yes, several. I could not say in each individual case whether the notes were actually written by Dr. Eyre or myself. I recollect one man whose age was 95, and so far as I could gather information, he appeared to have had leprosy more than 60 years. There was also another case of a man who went about on wooden stumps, as he had lost his legs. He had leprosy causing anæsthesia of the feet with pains in the limbs, and his neighbours attributing this to rheumatism put his feet into scalding water, probably sterilising the tissues, amputation was performed

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and the leprosy has been stationary ever since. That was many years ago, but the case is on record. I think Dr. Eyre took it, and it is doubtless available. There were also two or three other cases.

2761. *Dr. Edington.*] Is the case you just mentioned the same that Dr. Atherstone has referred to?—I am inclined to think it is.

2762. Broadly speaking, how many cases of arrested leprosy have come under your notice on Robben Island?—Perhaps four or five.

2763. Are the details all noted down?—I think so. Dr. Eyre took a good many notes himself in the male ward. I never saw any tendency towards arrest in the tubercular form.

2764. Did you regard those arrested cases as permanently well?—No. I should look on them as possible subjects of relapse.

2765. Could you state at all from your knowledge what period the condition of arrest might extend over; when would you say that a person was permanently cured, if ever?—I should not like to say that a person was permanently cured at any stage of the disease.

2766. You think there might always be a relapse?—Yes. I should say if the disease was stationary for three or four years the probability of a relapse would be very greatly diminished.

2767. Have you any record of any of the cases you have referred to having relapsed?—Not during the time I had them under observation.

2768. *Chairman.*] Have any cases ever been discharged as cured during your time on Robben Island?—No.

2769. By what signs would you recognize a case as arrested?—Partly by the history, partly by observation, and partly by the condition of the general health for some time past. If you found that for a period of 10 years no increase of the disease had been observed, and that during a twelvemonth or so, you yourself discerned no increase, and that the general health of the patient had been good all that time, I should conclude that I had to deal with an arrested case.

2770. What is the average duration of a case of leprosy of the tubercular type?—My impression is about eight years.

2771. And the anæsthetic type?—It is very difficult to say because they are very slow cases in my experience.

2772. Do cases of the tubercular type ever show any signs of arrest?—I should say not.

2773. Only in the anæsthetic form you find it?—Yes.

2774. In what manner would you deal with such cases?—My impression is, that subject to the report of the district surgeon or other officer being satisfactory, they might be liberated on probation from the island, subject to certain local precautions being guaranteed.

2775. *Dr. Edington.*] Would you have the patients report themselves at frequent intervals to the district surgeon?—Yes; and the district surgeon should also at stated intervals inspect their environment.

2776. Do you think they should be carefully registered?—Yes.

2777. *Chairman.*] After what period of arrest would you discharge them from Robben Island?—I think it would be safe after four years.

2778. Then they would go over to the mainland but still be under observation?—Yes, and I think their environment should be very carefully inspected. I would not like to say it was impossible even then for the disease to be a source of danger to others, provided the domestic arrangements were very unsatisfactory.

2779. *Dr. Herman.*] Would you allow patients known to be in poor circumstances to go out like that?—I should hesitate to do so, but I would be guided by the report of the district surgeon as to the surroundings and mode of life.

2780. *Dr. Edington.*] You mean that if the hygienic surroundings were unfavourable, it might have the effect of hastening on a recrudescence

of the disease?—Partly that, and it might also constitute the patient a danger to others. The environment should come up to a certain standard.

2781. You consider that although the disease is arrested a person may still be a danger to others?—I can imagine that he might be; I could not say positively because I have never tested the secretions of an arrested case, nor am I aware of there being any record of their being carefully tested.

2782. Considering that you are not quite certain whether there is or is not a danger to the public health, would you still discharge arrested cases?—Yes, subject to certain precautions being guaranteed.

2783. *Dr. Herman.*] Would you let a man who was crippled for instance go at large wherever he liked?—No, certainly not. Certain conditions should be laid down.

2784. Who would have to pay for the supervision in such discharged cases?—That would be a State matter I imagine.

2785. Would you place such persons under the asylum regulations?—Practically so.

2786. And would the Government have to support such cases?—Not necessarily. I imagine that a certificate endorsed by the resident magistrate would probably be required, setting forth the circumstances of the patient's friends, and that would all come into the general report as to the sort of surroundings that a patient would come back to.

2787. In other words you would not necessarily discharge all cases of arrested leprosy or self-cured leprosy?—I should not necessarily; they should be subject to certain conditions.

2788. *Dr. Dodds.*] Who would decide whether any case of arrest should be discharged or not?—I imagine that the district surgeon would furnish a certificate and the resident magistrate also, and these would be sent on to the Colonial Secretary, who would require the patient to go before the medical officer in charge of the leper asylum for report. You would have really to take into consideration three things, the condition of the patient, the report of the resident magistrate and the report of the district surgeon, and put them together and upon these a decision would have to be come to as to whether a patient could be allowed to go free.

2789. Would you not allow the Board to decide?—It might be left to a medical Board but that is a matter of detail.

2790. *Dr. Herman.*] Looking into the history of the past the frequent changes that there have been on Robben Island, and the differences of opinion that exist among medical men who have been there with regard to leprosy, do you think that an important matter of this sort ought to be left to the decision of one or two medical men?—Perhaps a medical Board would be more satisfactory. There would be an element of permanence about it, and the concurrence of opinion would certainly carry greater weight.

2791. *Dr. Edington.*] Is it not an objection that you only have one or two medical officers for a short time together on the island, and no series of officials drafted over there who have had experience in leprosy?—Yes.

2792. In order to obviate any difficulty arising in that way, would you be averse to a permanent Board?—No; whose decision would be final.

2793. *Dr. Herman.*] Would you allow a patient in whose case the disease was arrested to go back to his wife, or marry?—I think not. I do not see how you can prevent a man going to his wife; there would be no objection if she were past the child-bearing period, but I should not allow marriage.

2794. Would not that be almost worse?—A patient would at least have his choice between that and remaining on the island.

2795. How will you control him?—You can only do so to a certain extent. You cannot pronounce a case as arrested till the patient is fairly advanced in years.

2796. As to the period of incubation, is it very long in leprosy?—Some of the cases would tend to show that it is.

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2797. Are there periods when the disease is stationary, or at all events not active; is it not therefore possible that the period of four years which you fix is by far too short to cover all the risks of a recurrence or further development of the disease?—I would not say that it exhausts the possibilities of such risk, but it would be sufficient for all practical purposes.

2798. Do you know of any case where ulcers have developed after four years of apparent arrest of the disease?—That I could not say speaking from memory. People who are not lepers at all get ulcers occasionally on the feet from ill-fitting boots and so on.

2799. I speak of leprous ulcers?—It might be a mere accidental abrasion. The stumps of lepers' hands and feet are sometimes abraded more or less, as they are not protected by a very perfect epidermis. I have seen them become wounded and then heal up again

2800. Speaking of specific ulcerations, you have no evidence bearing on that?—No.

2801. You would not regard ordinary ulcerated abrasions of the stumps specific, would you?—No. What I have seen in old cases I have regarded as accidental. There is a brittle and ill-nourished tissue which protects the ends of the stumps sometimes; and it would not come up to the standard of normal skin, I fancy.

2802. In your experience do you know of any particular symptoms which would lead you to infer that such and such a case, if it were presented to you, was a case of arrested or self-cured leprosy?—I have cases in my mind which I should describe as cases of arrested leprosy.

2803. Without any regard to their history?—No; putting all sources of information together.

2804. Histories are often unreliable, are they not?—I do not know. I am sure if a patient has been any length of time on the island you could get corroborative evidence.

2805. Does that apply to lepers on Robben Island?—Yes; in many cases you can get the evidence of the ward attendants as to how a patient was four or five years ago. It might not be technical evidence, but evidence as to broad matters of fact.

2806. Have you seen any good results in the treatment of cases of leprosy?—Several times I have seen very good temporary results following the amputation of a suppurating limb, where the discharge was great, and where probably considerable necrotic changes were going on. I have seen several patients improve a great deal after amputation.

2807. You mentioned the case of a man with both legs amputated after they had been scalded; do you ascribe the cure of that patient to this?—I have done so hitherto, I must admit.

2808. Did the wounds heal well after the amputation?— I was told so; it is not a matter of direct evidence. I have seen amputation wounds heal very quickly, quite as quickly as in the case of healthy people. My experience is that leper patients bear operations remarkably well, and the wounds tend to heal rapidly.

2809. Is that so in all stages, when the leprotic changes are marked; take for instance a case where the bones have become absorbed the muscles flabby, portions of the limb extensively mutilated, and the skin glazed and thin?—You would hardly amputate through the tissues in that condition; you would have to amputate a little above, but you can amputate very near the compromised tissue with very good results.

2810. Have you to select the tissue?—We always did so as a matter of practice.

2811. But where the leprotic changes were well marked, you found you could not amputate through the compromised tissues?—I never saw an amputation through tissue that was very much compromised, but I have seen bones extracted from fingers which were very much diseased.

2812. Is there much tendency to bleeding from large ulcerated surfaces?—I do not think I have noticed that frequently. I should say not. There is a very profuse discharge, which seems to be a factor in reducing the weight and condition of the patient.

2813. *Dr. Edington.*] What sort of discharge is it?—A suppurating discharge of pus.

2814. *Dr. Greathead.*] Have you tried any medicinal remedies?—Yes. I have tried several things. I have a group of cases that I treated with tuberculine. They improved for some time, but the results were ultimately negatived. Then I tried a number of cases with gurjun oil, but I could say nothing more than that it appeared to act as a sort of tonic.

2815. Have you tried eucalyptus?—I believe we did try it. I almost forget now, but as far as I recollect, we got no permanent results from any of those things.

2816. Is there any particular diet that you would recommend for such cases?—It is as well that fat should enter as largely as possible into the diet, otherwise I do not know of anything special beyond ordinary nutritious diet. I would say much the same diet as would be given in cases of chronic phthisis.

2817. *Dr. Herman.*] Why do you recommend fat; are lepers particularly emaciated?—Yes; they become so sooner or later where the disease has made any considerable progress. They also feel the cold very much, and their vital energy is frequently at a low ebb.

2818. Is not that on account of the nervous changes, involving the arterial system and the integumentary surface?—I do not think so.

2819. *Dr. Edington.*] When you used tuberculine did you notice whether there was any distinct thermal reaction?—Yes. I have a lot of temperatures in the case book.

2820. Did you get thermal reaction in every case?—I think not in some cases.

2821. *Chairman.*] What meaning do you attach to the term heredity as applied to leprosy, the actual transmission of the disease or merely a predisposition; in other words do you believe it possible for the mother to transmit to the fœtus in utero the disease of leprosy?—I do not think I can give you any opinion of value on that point as I have no evidence. I have some notes on the condition of a newly born infant.

2822. What does that go to show?—There were some compromising patches on the fingers and hands.

2823. Were the parents lepers?—No; the mother was a leper but the father was healthy.

2824. Did the healthy father live with the mother?—I am not certain. I only recollect that the mother was undoubtedly a leper.

2825. *Dr. Edington.*] Can you say whether the disease is actually transmitted?—No.

2826. Can you say whether any proclivity or predisposition is transmitted from leprotic parents to children?—I have not come across anything definite to support that.

2827. Can you say whether the children of leprotic persons have any greater immunity from the disease?—That I cannot say; I have not got any information.

2828. Can you form any opinion from what you have seen?—No.

2829. Have you studied cases of leprosy occurring in families?—Yes.

2830. Have you noticed the disease spread in families?—Yes. You cannot eliminate the factors of contagion.

2831. *Dr. Herman.*] Was Dr. Eyre on the island during your time?—Yes.

2832. Have you seen the family trees which he drew up?—Yes.

2833. Do you think they go at all to prove that the disease is hereditary?

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—It looks so on the face of it, but I came to the conclusion that they were not conclusive.

2834. On what grounds did you come to that conclusion?—Because I do not think from the information that we could eliminate the factors of contagion.

2835. *Dr. Edington.*] Supposing the children of a number of leper parents were taken away from those parents and sent to a different part of the country, or a different country altogether; if they did not become leprous in later years, would that be evidence to prove either that the disease was not transmitted or that there was no proclivity transmitted?—It would tend to prove that the disease was not transmitted.

2836. And what about the proclivity?—There would not be much opportunity of testing that if the cases were taken to a non-infected area and a different climate.

2837. You mean the climate might exert some protective action?—Yes.

2838. Would the case of the Norwegian lepers who were sent to Canada be a fair experiment?—I cannot say that I know the details.

2839. *Chairman.*] Your opinions are based merely upon what you have studied generally?—That is all; they are not in any way the result of experimental research: they are only generalisations that I have arrived at.

2840. Do you think the children of leprous parents are more prone to leprosy or less prone?—I could not say, I have not the material. I had some correspondence with the Colonial Office and expressed an opinion that if children were taken away sufficiently young probably they would not develope signs of leprosy.

2841. We have had some evidence to show that the children of leper parents were less liable to take the disease; that the disease showed a tendeney to die out in them; have you any evidence to negative or affirm that?—No, not on either side.

2842. Have you ever known of the case of a child leprous at the time of birth?—No.

2843. What is the youngest age at which you have known a child to have leprosy?—I knew of the case of a baby about six weeks old. I am speaking of some three years ago now.

2844. Would the records of that case be found on the island?—Yes, undoubtedly in the clinical register.

2845. With regard to conjugal intercourse among lepers, is there any stage of the disease in arrested cases when you would allow it?—Where the wife has passed the child-bearing age, I think you might as a matter of humanity allow conjugal intercourse under certain conditions.

2846. Do you think there would be any risk if conjugal intercourse were allowed between a leper and a non-leper?—I should think there must of necessity be a risk.

2847. Would the risk be that of transmitting children who would be predisposed to leprosy?—Of contagion from one party to another.

2848. And the risk of transmitting a leprous race?—I could not say to what extent.

2849. Have you ever known of a case of leprosy due to sexual intercourse?—I have known of a case where the disease was attributed to it: I cannot say whether it was due to it. It was the case of an old man-of-war's man on the island. That case is recorded on the island.

2850. Is that the only case that you know of?—It is the only case that presents itself to my mind.

2851. *Dr. Dodds.*] In your report you say it is impossible to resist the idea that heredity is a most serious factor?—I believe I did hold that opinion at one time, but I have gone back a great deal from the view I took then.

2852. You think now there is less risk from heredity and more from

ordinary contagion?—More risk from contagion in the sense that I have already defined.

2853. *Dr. Greathead.*] Is there any peculiar constitution that you have observed more liable to take on leprosy?—It would be difficult to say that. I have seen it affect very robust people and also on the other hand people who are apparently in rather delicate health. The disease has no elective affinity for any special constitution so far as I can see.

2854. *Chairman.*] Have you formed any opinion as to the period of incubation of leprosy?—There must be some interval between the period when the poison is received into the system and the period when the disease becomes sufficiently marked to attract attention. I should think it varied very much in different individuals.

2855. *Dr. Edington.*] Would that be open to variation, depending on the constitution of the patient and the method by which the infection had travelled?—Yes, both those factors would count, I think.

2856. Do you believe that any such period of incubation exists in leprosy?—It cannot be laid down with any precision; it can only be used in a relative sense I think.

2857. *Dr. Herman.*] Have you seen any cases of very early leprosy where you have been able to study the onset of the disease and its development?—I remember the case of a boy where I saw the disease at a very early stage; he had lately come to the island, and had only been there a few weeks. I remember accompanying the members of a Select Committee of the Legislative Council in 1889, and among the members were several medical men, Dr. Atherstone and other experienced practitioners, and they were all of opinion that this boy was a non-leper, and in consequence of the opinion they then expressed, he was discharged from the island, but after he had been away about a year he came back, and the disease was in a very early stage even then, although it was fairly marked. There was no anæsthesia at that time. I am not sure that there was not some little crookedness of the fingers, but any how that case was recorded. The medical men were unanimous in their opinion about this boy.

2858. Was he living in the leper ward at that time?—Yes.

2859. For what reason was he kept among the other lepers?—I don't know; the matter excited a good deal of rather adverse comment at the time. I remember that Dr. Beck made some strong observations on the point.

2860. *Dr. Edington.*] I understand that the boy went away and came back afterwards?—Yes, after a year or a year and a-half.

2861. Could he have become infected during the time he was in the ward?—It is, of course, possible. Among the doctors who saw him were Dr. Atherstone, Dr. Beck, Dr. Claude Wright and Dr. Simons.

2862. Did Dr. Simons regard it as a case of leprosy?—The doctors were unanimously of opinion that the boy was not a leper.

2863. Does not that help you to fix some period of incubation?—We might call it a year and a half, but the question is whether you can call it incubation at all.

2864. And there is a question whether he had leprosy at the time they said he had not?—Yes.

2865. *Chairman.*] Did not they send the chronic sick at that time to the leper wards?—No: only lepers.

2866. Are the records of this boy's case on the island?—Yes.

2867. Is he alive?—I think he is. I could identify the case in the books.

2868. *Dr. Herman.*] Did you determine any period of incubation at that time?—No. I felt a doubt as to whether he had contracted the disease on the island or whether he had it before.

2869. Was there any evidence of early prodromal symptoms?—There were no symptoms.

2870. Was the disease well marked 18 months after, when he was brought back to the island?—Yes.

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2871. *Chairman.*] Did you consider that a doubtful case at the time? I thought it was not a case of leprosy.

2872. *Dr. Dodds.*] Was the disease in the early stage, when he came back?—It was in the early stage, but well marked.

2873. *Dr. Herman.*] Can you give us some clue as to the case?—Yes.

2874. Would not that be rather a strong case in favour of contagion through a healthy person living with lepers?—Yes; I am strongly of opinion that any healthy person may contract leprosy by associating with lepers. Dr. Beck in his evidence before the Select Committee of the Legislative Council in 1889, is asked: "You examined the boy le Roex in the leper's ward on the island?—Yes. Did you examine him thoroughly?—Yes. With the other medical men present. With what result?—We failed to detect any outward manifestations of leprosy. Suppose that the boy was not really a leper when he was sent to the island, would not his confinement in the leper wards expose him to the danger of infection?—I am afraid it would." That comes out in Dr. Beck's evidence.

2875. *Chairman.*] Are you acquainted with the present system of segregation under the Act?—I have not read the Act.

2876. Would you suggest any modification of the forms that are at present required under the Act?—At present only one medical man sends in a certificate. I think there ought to be the certificate of two medical men before a patient is sent over to the island

2877. Do you think that would be sufficient?—I think a permanent Board should make the final decision.

2878. But how would you get the patient before the Board in the first instance?—I think the certificate of two medical men would be sufficient to get him before the permanent Board.

2879. In every case you would send a suspected leper before the permanent Board, and they would be responsible for committing him finally to Robben Island; do you think such a modification would be an important one and safeguard the liberty of the subject?—Yes.

2880. Under those circumstances would you be in favour of having a probationary establishment or receving house?—Yes.

2881. Within what period should such a Board be compelled to declare whether the patient was a leper or not?—I should fix six months as the maximum. Probably they could decide within 24 hours in the great majority of cases.

2882. Would you modify the act to such an extent as to have centres of treatment and segregation in the Colony before sending a patient up to the Board?—Yes, I am strongly in favour of that.

2883. Would there not be some difficulty about that?—It would be less hardship to a patient than to send him across the sea. That has been my contention from the first.

2884. Would you be in favour of establishing two Boards, one for the east and one for the west, and with a complete establishment in each case?—Yes; and in some of the more populous centres there might be a small district hospital, the district surgeon acting as attending surgeon, with some emolument for doing so, and there might also be some lay superintendent having about the status of a gaoler. I think that would work remarkably well in some of the country places.

2885. *Dr. Greathead.*] Would you send all native lepers to Robben Island?—Not from far distant parts. My idea would be to make Robben Island a sort of district asylum for some of the western districts such as the Cape, Stellenbosch, Wellington and the Paarl, about a 40 mile radius.

2886. Where do you think the other asylums should be?—You would want one in the Transkei and one in the direction of Kimberley, and then there might be some smaller subsidiary hospitals as well with lay superintendents.

2887. *Dr. Edington.*] Would there be any objection to the various asylums in the Colony having accommodation for lepers connected with them? —With proper precautions it would be possible to do that.

2888. Where the patients could have the advice of the medical superintendent?—Yes.

2889. *Dr. Herman.*] You are aware of the great difficulty that exists in keeping the males and females apart and keeping them under sufficient control?—There is a difficulty, but during the time I was on the island there was only one case discovered of the rule being broken, and that was by a convict who got access to the female ward.

2890. Do you think it would answer to attach leper wards to the existing asylums on the mainland?—It would be possible. They would, of course, have their own kitchen and offices, and nurses and attendants, and the medical superintendent would be available, thus saving the salary of an extra man.

2891. Would that be an advantage or the reverse?—It would be economical.

2892. As a matter of fact, the medical staff on the island is rather over worked, is it not?—It is undermanned as things are now.

2893. *Dr. Dodds.*] Would you propose to attach a leper establishment to the asylum at Valkenberg?—That is supposed to be a special asylum.

2894. Would you propose to have one at Graham's Town?—There was some talk of having an asylum at Graham's Town, at Fort England, and it would of course be possible.

2895. Do you think it would be at all distasteful to the friends of the patients?—I think the lepers could be satisfactorily separated for all administrative purposes.

2896. *Dr. Greathead.*] Would not it damage the town in the eyes of the general public?—I think it is possible. The Municipality might have something to say to it.

2897. *Dr. Herman.*] Do not you think if you put lepers together with lunatics you would break down the character of the establishment altogether and introduce a new element that would not add to the efficiency of either of the establishments?—I do not say I would recommend such a thing in preference to my other proposal. I only say that it might be done.

2898. Do you think it would be advisable?—I should much prefer my own scheme.

2899. *Dr. Dodds.*] You think it would be better to have the lepers entirely separate and visited at stated times by a medical officer?—Yes.

2900. Has not there been a great mixing up of lepers and lunatics on Robben Island?—There was at one time, but not under my administration.

2901. *Dr. Herman.*] Does not that extend back as far as the history of the island?—Yes, I am told they were put together indiscriminately almost at one time till I went there. I know I had a good deal of trouble with the older attendants; they thought me very unreasonable in compelling complete separation.

2902. When you were on the island how did you separate the male lepers?—I got the Government to equip a kitchen for them, and put the whole thing into working order.

2903. Do they roam about at night?—They were not allowed to roam about. When once you get your attendants in hand it is not very difficult to keep things going properly; the difficulty is more with the attendants than with the inmates.

2904. *Dr. Dodds.*] Speaking broadly, are you in favour of continuing segregation?—Yes, subject to some modification.

2905. Having regard to the liberty of the subject and so on, you think it is a perfectly right and advisable thing to continue the system of segregation?—I do under the circumstances of this country.

2906. *Dr. Herman.*] What are the modifications you allude to?—They

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are principally two in number, some system of district hospitals and the establishment of a permanent medical Board before whom patients should go before being finally committed to the island.

2907. *Dr. Greathead.*] Would you make any distinction in the case of well-to-do Europeans living on their own farms?—Yes. I think under some local supervision they might live on their own farms. I think the public health would be sufficiently protected if that were done.

2908. *Dr. Herman.*] From your experience do you think it is advisable to segregate males and females together on Robben Island?—I see no objection to it. If you had district hospitals they would virtually be in the same establishment. It is merely a matter of administration, and there is no great practical difficulty.

2909. *Chairman.*] Would what you now suggest tend in your opinion to eradicate the disease in the Colony?—I think so undoubtedly, and there would be this additional advantage, that it would reduce the temptation that now exists to evade the operation of the Act. It would rob the fact of persons being pronounced leprous of a good deal of its terrors I think, if it only involved going into comfortable quarters in the district, and if the friends knew that after all, it did not depend upon what a single medical man said, but that there was an appeal to the Board. In this way I consider that the public health would be protected very much.

2910. Do you see any practical difficulty in the way of segregating a considerable number of lepers in small towns or villages?—I should rather avoid segregation of lepers in any considerable number in a limited space.

2911. Do you see any difficulty in segregating small numbers in that way?—I cannot say that I see any difficulty.

2912. It has been stated that segregation on the mainland would involve the necessity of armed guards to prevent escape, is that so?—No; I think discipline is all that is required. The same views used to prevail in regard to lunatics, but we find that guards can be dispensed with, and I think it would be the same with lepers.

2913. You think it is only a matter of discipline?—Yes.

2914. Would you approve of the better class lepers being domiciled in their own homes?—Yes, subject to certain conditions being fulfilled.

2915. I suppose you allude to those who would be willing to bear the expenditure for their support and were sufficiently cultured to enter into a certain contract with the authorities for the due fulfilment of the conditions?—Yes.

2916. Would there be any risk of the disease spreading from those centres in your opinion?—I do not think so, because the conditions would not be at all on a par with those for the poorer class of lepers.

2917. Would not a leper so segregated in his own home be likely to infect his wife and children and communicate the disease to them?—I do not think that patients of the better class would. There would be some well considered regulations drawn up for them to observe, such as their conduct at meals, sleeping, and so on.

2918. Do you admit that there would be any risk of spreading the disease in such areas?—It might almost be disregarded as it would be so small if adequate conditions were complied with.

2919. You think a patient might live on his own farm without any supervision other than occasional visits from the local authorities?—Yes, he should receive domiciliary visits from the local authorities. Of course it would be in their power to check his statements by other members of the household and the servants, and it would be easy to find out if the instructions were contravened to any considerable extent.

2920. Would you apply the same course of domiciliary treatment to coloured patients if they were educated and well off and could afford to pay?—I should not make any distinction. In the case of the poorer class who could not afford to pay they should go back to the island.

2921. Do you think that such an arrangement would tend to eradicate the disease in the colony?—I think so.

2922. Upon what do you base your opinion?—Upon the evidence I have already given, looking at the small percentage of cases in which the disease is communicated.

2923. Could you isolate a patient in a town if he was well-to-do and had property there?—I think you could ensure sufficient isolation; I do not think there would be any source of risk to other people in the street, but only to those in immediate contact.

2924. *Dr. Herman.*] Would you allow such a patient to go out to public places?—No. I should not allow him to attend any public indoor gatherings and entertainments, I am afraid he would have to be restricted in that respect.

2925. How would you prevent it?—He would presumably be known to the police and so on.

2926. Would you order him to wear a special uniform and carry a ticket or pass?—I think perhaps it might be advisable for him to carry a pass or he might have a small medal with his number on it.

2927. Would not all those precautions involve additional cost?—There would be some additional expenditure undoubtedly.

2928. Would you make it compulsory for the State to pay that additional expense?—I think there should be some investigation into the means of the patient to find out his ability to contribute or otherwise; as all this would be done in the public interest so to speak, I think the State would have to assist to some extent.

2929. Is it not to the advantage of the patient that he is privileged to live in his own house?—It is for the public good that any cognizance is taken of the fact of his being a leper, he is debarred from public entertainments and so on, and has to submit to the inconvenience of restriction and domiciliary visits.

2930. Do you think it is possible to carry out such a system in this country?—I think so in the case of selected patients; they would have to be approved of course by the Colonial Secretary after getting the report of the resident magistrate and one or more medical practitioners.

2931. You would not apply the system generally to anyone desiring to live at home, would you?—No. They should be selected cases.

2932. Would you allow coloured persons living in close and crowded places to remain there?—No; I would have them taken to the nearest district hospital which would exist under such a system, and keep them under supervision.

2933. You would take into consideration their personal habits and hygienic surroundings?—Yes, certainly.

2234. *Dr. Dodds.*] Would you, speaking broadly, adopt somewhat the same lines as are followed in the case of the boarding-out system in connection with the insane?—Yes.

2935. A man suffering from a disease like leprosy may be dangerous to the public just as a man suffering from insanity, and the degree of danger must be estimated before boarding out is allowed?—Yes.

2936. *Dr. Herman.*] Would you not draw a decided line there; the cases where a man is dangerous to the public on account of the state of his mind are very few and exceptional, and probably leprosy is dangerous to the public more frequently than insanity; is not an insane man usually more dangerous to himself than to those around him?—Perhaps so, in some cases.

2937. *Chairman.*] In the event of leprosy being extinguished in this Colony, do you think there is any risk of the disease being imported from the neighbouring States?—I think there might be risk.

2938. And also from such places as India and Mauritius?—Yes.

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2939. Can you suggest any safeguards for lessening that danger?—If there was an efficient system of district inspection no imported leper would remain undiscovered very long in a seaport like Cape Town for instance.

2940. The difficulty would be who would intimate to the local authorities that a leper was at large?—The master of the vessel or the medical officer on board.

2941. And in the case of a leper living in a town?—There would have to be some clause with regard to harbouring lepers. I would suggest that.

2942. In that way the local authorities would have their hands strengthened, would they not?—Yes.

2943. Would you compel all medical practitioners to notify any case of leprosy?—Yes; there should be compulsory notification by all medical men.

2944. In the case of native lepers coming from the neighbouring territories, how would you get any notification in regard to them; it has been suggested that the headman of a kraal should be compelled to notify; would you approve of that?—I think that is a good suggestion.

2945. *Dr. Greathead.*] Have you heard of any cases of leprosy imported from India or other countries?—Not within my experience. I cannot say that I have come across any case.

Cape Town, Monday, February 19th, 1894.

PRESENT:

Dr. Murray (Chairman).

Dr. Dodds,	Dr. Hoffman,
,, Fismer,	,, Edington,
,, Greathead,	,, Herman.

Rev. Canon Baker examined.

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2946. *Chairman.*] What official appointment have you held on Robben Island?—I was chaplain there.

2947. How many years were you there?—Nine years.

2948. During that time did many cases of leprosy come under your observation?—Yes, continually.

2949. When did you go to Robben Island?—I went in 1868 and came away in 1877, nine years.

2950. Subsequent to that, have you had any experience of cases of leprosy from your own observation?—Yes, I have seen individual cases in Kalk Bay.

2951. Did you take considerable interest in the subject?—Yes, when I went to Robben Island I entertained the view of enquiring into the nature of the disease.

2952. Have you based your conclusions upon cases that came under your own personal observation?—Yes.

2953. Did you approach the subject from a clinical aspect?—Yes, and I read what I could on the subject while making observations among the patients.

2954. To what do you attribute the spread of leprosy in this Colony?—I and many others think that it has been spreading more since the fear of contagion became less, in consequence of the report of the College of Physicians in 1873.

2955. Have you had any difficulty in arriving at a satisfactory conclusion as to the history of cases?—Yes; the patients themselves invariably mislead you and their friends try to conceal cases. There also appears to be a great difference of opinion among medical men in the diagnosis of the disease.

2956. In what way do you think the disease is contagious or communicable?—I certainly think it is capable of being communicated from one person to another. It might be communicated through the air, where a large number of patients are collected together in a building and also through water collecting the germs. Certain kinds of food may predispose persons to infection by lowering the system only, the same as with other diseases. It might also be communicated through the soil. I remember the case of a leper woman who lived in the bush at Kalk Bay near the fishery, through whom it was thought the disease was communicated to a certain family, in consequence of one of the children being in the habit of playing near her hut.

2957. Have you any records of that case?—Not any.

2958. Is the woman alive?—No.

2959. Are any members of the family who got the disease now on Robben Island?—No; the last of them died last year.

2960. How was the family infected through this woman who lived in the bush?—It was thought that it must have been carried by a child who played about there with others and possibly got it though the soil. It is remarkable how many cases commence in the soles of the feet.

2961. Did these children carry any eatables to the woman?—They may have done so. I do not know.

2962. What form of leprosy did she suffer from?—The tubercular form.

2963. Was she in the ulcerated stage?—Yes.

2964. What race did she belong to?—Mixed breed I should say. The only connecting link seems to have been that she lived in the bush near to the house of the family the child of which became diseased some years afterwards, and was known to have been frequently near the patient.

2965. Had she been a servant in the family?—No. It is quite possible that the germs of the disease were contained in the excreta deposited in the soil of the place where she lived. That is the only thing I can think of as connected with soil.

2966. Do you think the disease can be spread by inoculation?—Yes; if the cuticle were broken, it is quite likely, I should say, for the infection to be communicated to the inner tissues.

2967. Then you think, broadly speaking, that the disease is contagious?—Yes; it may be spread by accidental inoculation, and under some circumstances by absorption.

2968. Have you the notes of any cases or series of cases that have come under your observation?—Yes. There was a case of a leper man at Kalk Bay, who told me that his boy used to get into the bed when he got out in the morning, and the boy thus caught the disease and died, his wife also caught it and died. Here was a very bad case. There was also another member of the same family, a sister of the man, she died also of leprosy.

2969. How did the man you first spoke of get the disease?—He said he thought it must have been through drinking cold water when he was hot

2970. Is there any evidence beyond his own statement as to how he caught the disease?—I could never trace it back to a definite source.

2971. Could he remember having come in contact with any leper?—No.

2972. And you say that from this man several other members of the family got the disease?—Two; a third member doubtful as to cause.

2973. What condition did they live under in the house; was it very small?—Yes. They were working people, and they probably ate and drank out of the same vessels and shared the same beds.

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2974. What age was the son when he developed leprosy?—Nine or ten, I should think.

2975. What form of leprosy had this man?—Tubercular.

2976. *Dr. Edington.*] Who died first, the father or his boy?—The boy died before the father.

2977. How soon after did the boy become affected?—That I could not say.

2978. *Dr. Greathead.*] Did you know this family that you speak of?—I knew the sister

2979. Did you see the wife or the boy?—No; the man only.

2980. *Dr. Hoffman.*] Did the sister live at Kalk Bay?—Yes.

2981. Was she a decided leper?—I never saw her in a leperous condition, but persons who knew her said there was no doubt about it.

2982. You never saw her yourself, did you?—Not after she was said to be affected.

2983. Is she dead?—Yes; she died two or three years ago.

2984. *Dr. Greathead.*] Where did she die?—At Kalk Bay.

2985. *Dr. Dodds.*] Did any medical man attend her?—That I cannot say. She was sent away to what is called the "prayer cure" but came back no better.

2986. *Dr. Hoffman.*] Was she in good circumstances?—Yes. I was informed of a leper of good family in Kalk Bay, and I subsequently went to the house where he lived, and found there a family consisting of five or six daughters and a widowed mother. These girls took in dressmaking. I told them that if it were known leprosy was in the house it would damage their business. I offered to write to the authorities and have the patient removed to the island, where he might get a situation as ward attendant so as to ameliorate his condition. He went over and died on the island. Then I found that a brother came from the country, and he was said to be a leper, but I could never see him; they kept him in a back room, and the old lady nursed and attended upon him. He also was induced subsequently to go to the island and died there. One of the sisters developed symptoms of leprosy, and she adopted two young children, who shared her bedroom. The young lady went over to the island and also died there. The house these people lived in was first a little cottage, and the family were all huddled up together. Afterwards it was enlarged, and fresh rooms were added on, when it was turned into a boarding-house. It is very noteworthy that in this house there were consecutively members of three distinct families affected: A young girl who came to it frequently; next a butcher named Bossman with his wife, who both died of the disease away from Kalk Bay; and then the family of which I have been speaking. It has occurred to me that this might be a case of correspondence with the "Leprosy in the walls" spoken of in the Scriptures. Microscopes were not unknown in such early times, according to Layard. Dr. Meyer, of Plumstead, informed me of a remarkable case, which may throw some light on the question of leprosy in houses on which I am speaking. On the Flats near Wynberg there was a German family, of which the parents were quite healthy and but recently arrived in the Colony. They had a son and a daughter both affected with the disease, which could be traced to nothing in their habits or communication with others; but Dr. Meyer surmised that the germs might have been left in the cottage by some former inhabitant. It is my opinion that many more lepers are in the Colony than are publicly known. For instance, in one respectable family I saw a house-boy having some appearances of the disease, and he is now put in isolation. In the same premises I marked a workman with symptoms, and he has since been isolated, though there has been some doubt concerning his case. A woman-servant had been in the same family, whose brother is on the island as a leper. Since that, another woman-servant has been in the same household, and her brother died on Robben Island. If the public were better acquainted with the early

symptoms, many more cases would be reported, and there would be less danger of spreading. It is most difficult to obtain authentic histories of cases. The better classes shrink from admitting that the disease is in their families; and they attribute the attacks to such causes as "catching cold," or the drinking of cold water when the subject is overheated. The poorer classes have some degree of the same feeling; and they seldom know anything of the two generations before them. Then the records on the island are most unsatisfactory, the information having been taken from the patients or their relatives. I know that in some of the cases the report that "none others of the family are affected" is incorrect. When members of the same family have been living together for two or three generations, and cases occur in all three, who can tell which cases go to confirm the view of contagion or that of heredity? It remains to be ascertained, in course of years, with proper records of cases, which is the more effective cause. At present, as there is but little doubt among the well informed that the disease is in greater or less degree contagious, the benefit of the doubt is generally given to heredity. The Indian Leprosy Committee, whose laborious investigations have furnished most valuable information, have decided that the disease must scientifically be classed under the head of contagion, thus differing from the Report of the College of Physicians in 1873. The public must consider what precautions this decision suggests, and must judge from experience and well authenticated information as to actual danger. Then as one learned Commission certainly erred on the point of contagion, it may be thought another may have erred on that of heredity. But the Indian Committee report that there is an inherited predisposition to the disease in the descendants of lepers. That must be regarded by the public as very important evidence, that intermarriage with families in which the disease has shown itself in two generations, or in more than one case, should be carefully avoided or prevented. Whether the disease be contagious or hereditary, or both, there should be no question about "communicability"; and from all I have seen and known, I must say that segregation is the proper course to be followed.

2987. *Chairman.*] Have you notes of any other cases bearing out your views as to the communicability of the disease?—Some cases appear in the Appendix to the Report of the Select Committee of the House of Assembly in 1883, which Appendix I republished for circulation under the title of "Leprosy at the Cape of Good Hope." Some other cases have come under my observation; others I have heard of on good authority. I knew a coloured man at Kalk Bay, a Malay, named Cordam, a leper, whose brother I am informed also died of the disease. Their names are Carl and Isaac. I observed frequently two boys, Malays, who died of leprosy; and I am informed that their father, Cusan, also died of it at Kalk Bay. I knew a boy, removed to Robben Island, named Manego; and I am informed that his father Class Manego, died of the disease. I frequently saw a Roman Catholic girl, who died of leprosy after removal from Kalk Bay; and I am informed that her father, named Simeon, died of the disease. I frequently saw the Malay mason Fakeer's wife, who was a leper, but died from fish poisoning at Kalk Bay. There was a well known case at Noord Hoek, that of the son of the school teacher who believed he caught the disease by digging with the spade which his servant had been using; both died of leprosy. I knew a boy named James, connected with the family of a man named Palmer, at Muizenberg, who died of leprosy on the island; and I am informed that a brother of that boy also died of it. I observed Saul Visant of Kalk Bay; and have heard that his uncle in Cape Town has the disease. John de Vrees, removed to the island, died of leprosy, also his niece, Nellie Scouw.

2988. Can the records of those cases be obtained on the island?—Yes, some of them.

2989. *Dr. Greathead.*] Did you ever see the case of a boy who is said

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to have got leprosy through a fish-hook wound, he was fishing with some lepers on the rocks?—The shoemaker's son on the island got leprosy. It came under the observation of Dr. Edmunds; the name was * * * * * There was no doubt of his having leprosy, and the cause was thought to be a wound by a leper's fish-hook.

2990. *Chairman.*] Do you think leprosy is spread by heredity?—The difficulty as to heredity is to exclude other causes. If several people live together in one house, nobody can prove whether it arises from heredity or inoculation in some way. I have found in reading that sometimes children show signs of the disease before their parents. This is remarkable in the Indian Leprosy Report. I think that in many such cases the disease is transmitted from the parent, in whom the germs remain dormant for years, and that in the second or third generation the germs (bacilli or spores) become more virulent or active under existing circumstances. In scientific language the disease may not be "congenital," though the "inherited predisposition" is allowed to be a potent factor in the origin of leprosy in very many cases. As the public were misled scientifically on the question of "contagion," so they would be if an important Commission were to rule that leprosy is not "hereditary" because children are not known to be born as developed lepers.

2991. *Dr. Hoffman.*] Have you any other cases besides those you have mentioned with regard to the communicability of the disease by contagion and inoculation, cases that have come directly under your notice?—I do not remember any others.

2992. You spoke just now of the case of a woman who lived in the bush; how old was she when she contracted leprosy?—That I cannot tell.

2993. *Chairman.*] Are you in favour of segregation?—Decidedly.

2994. Why?—For the reasons I have given; and because the disease is believed to be spreading, though there are great doubts about it, even among medical men, partly because the infection is very slow in developing. When I was on the island I was a good deal in the wards, but I always put myself in a draught. I never would touch the lepers or anything they came in contact with, not even the handle of a door. I remember one case where it was said a carpenter got leprosy on the island through putting the corpses into the coffins. That was the function of the carpenter at the time.

2995. Was he previously a healthy man?—Yes.

2996. When was that?—It was while I was there, between 1868 and 1877.

2997. Was he the principal carpenter on the island?—Yes; you could probably find a record of the case.

2998. Was he a white man?—Yes, named Smith.

2999. Then that is an instance of one of the attendants on the island contracting the disease?—Yes.

3000. *Dr. Herman.*] Did not the Superintendent throw doubt on that case?—I see no reason for any doubt at all, and I heard of none.

3001. Did you investigate the case?—I enquired of his mother, who stated the particulars exactly; I know the man died of leprosy and I buried him.

3002. *Dr. Edington.*] Have you any knowledge that when the man came on the island he was healthy?—I believe so. They would not be likely to take him on the island as an official for general work if he had leprosy.

3003. *Dr. Greathead.*] What was the date of that?—About 1874 or earlier perhaps.

3004. *Dr. Edington.*] You say you know that he died of leprosy?—Yes.

3005. And you have good reason to believe from evidence that he was healthy when he went to the island?—Yes.

3006. *Dr. Fismer.*] Was this the first case of leprosy in the family?—Yes, they were English people. His mother also died from leprosy, and she

caught it from washing his clothing. She was among the chronic sick. I took her own statement.

3007 *Dr. Herman.*] Was she an attendant?—No, a patient.

3008. *Dr. Dodds.* Did you examine the mother?—Yes.

3009. How long was the man on the island before contracting the disease?—That I do not know. I think he was there before I went.

3010. *Dr. Edington.*] When was the second case?—Since I left.

3011. *Dr. Dodds.*] Did the carpenter and the mother live in the same house?—No.

3012. Did they often come in contact?—Yes.

3013. *Dr. Herman.*] Was not there a case of a man who got the disease from carrying a coffin; did that occur in your time?—No.

3014. *Dr. Dodds.*] May not the case you refer to be the same one?—No, I do not think so. I have heard that another carpenter, who had also worked among the lepers left the island and returned a leper. His name was Raaff: a recent case.

3015. *Chairman.*] Could you suggest any modification of the present Act in regard to the segregation of lepers, having in view the safeguarding of the Colony from the spread of the disease?—I could not.

3016. Do you think the better class lepers, if they could afford it, might be segregated in their own homes?—I would not recommend it. I would certainly recommend making the patients on the island as comfortable and happy as possible under the circumstances.

3017. Would you be in favour of erecting asylums on the mainland?—I think it would be better to have two or three asylums, because if the disease is communicable, the more you concentrate patients together the greater the danger to the healthy employed among them.

3018. Have you anything to prove that that is so?—No; but air, water and the soil would be more likely to become contaminated under such circumstances.

3019. Do you think leprosy is spread through water?—I should think so; though if the germs were swallowed they might go through the digestion system without doing harm, unless there were any lesion therein.

3020. Would you be in favour of isolating lepers on their own farms?—Only if you could ensure perfect isolation, which is a very difficult thing.

3021. You think a man should be separated from his family in the matter of eating, drinking and sleeping?—Yes; and he should have proper attendants, and the disinfecting of everything should be carefully attended to.

3022. Are you in favour of Robben Island as an establishment for the poorer and more ignorant class of lepers, who could not afford to pay for providing proper means of isolation?—Having known Robben Island for a long time, I am very much opposed to its being used as a lunatic asylum for the better class, and I am very thankful that there has been a change in that respect at Valkenburg. But for lepers there are fewer objections.

3023. Do you think lepers under any stage of the disease could be allowed their liberty without risk to the community, or is there a possible risk at all stages?—Some time may elapse between the time that a person is pronounced leprous and when he becomes a source of danger, but it is better to be on the safe side and segregate him. The great difficulty about Robben Island is that it is so very windy and cold at times. I think the patients require better clothing in consequence.

3024. Do they complain of the cold?—Yes.

3025. At all seasons?—Except in the summer. It would be a good thing if the patients could have gardens to attend to, but there is not enough water. They spend a good deal of time fishing, but I doubt whether it is

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good for them to stand about in the wet. Of course the island is to a certain extent a desolate place; there is no scenery and there are no pleasant surroundings, and many dislike the sea voyage.

3026. You would object to the island on the ground of the climate, soil, and water supply?—Yes.

3027. *Dr. Hoffman.*] Have you taken any regular meteorological observations on the island?—I have not taken any myself.

3028. Do you think the climate of the island had any prejudical effect on yourself when you were there?—Not in the least. It is a healthy place for strong people.

3029. *Dr. Dodds.*] Have you been to the island lately?—I have only paid the island one visit since I left, on private business. I have not been over to inspect the place.

3030. Have you seen the new hospital?—No.

3031. *Dr. Hoffman.*] Do you think the climate of the island is any more inclement than the climate on the mainland?—Not more so than Salt River or Mowbray, you have high wind nearly everywhere, but it is very disagreeable on the island.

3032. *Chairman.*] You think the only feature in favour of the island is the facility it affords for carrying out segregation, but you object to it on the ground of climate, soil, and water supply: is that so?—Yes, and its generally desolate character.

3033. *Dr. Herman.*] Are there any special difficulties in regard to segregation on Robben Island, as for instance the trouble of getting the patients to keep within certain bounds?—I think so, because the patients want something to occupy their attention in the way of flowers, birds, trees and so on, if they are not allowed to wander about.

3034. *Dr. Edington.*] In your opinion has the separation of the sexes been complete on the island?—When I first went there they had frequent communication, and the first child I buried was a child born of leprous parents who were not married. The patients used to cohabit in the fowl-houses, and in consequence of representations made to Government, the women were removed from the island to Old Somerset Hospital. When they got there they thought they were imprisoned and they escaped when they could; they could not be kept there.

3035. *Dr. Herman.*] Were you on Robben Island during the period of compulsory segregation?—No.

3036. In your time it was simply voluntary confinement was it not?—Yes, that is so.

3037. Consequently your remarks with reference to that period would hardly apply to the present time, would they?—Not in all respects.

3038. In your opinion are there certain difficulties in making segregation absolutely compulsory on the island?—Only the patients' unwillingness to leave the mainland.

3039. Were there any cases of men who were not lepers living in the leper wards?—Not in my time. There was a man named Cæsar who had an ulcerated foot, who was put into the leper ward as wardsman; but it did not develop any further.

3040. Had he got leprosy?—No.

3041. Do you know any case on the island where healthy persons have mixed with lepers and become leprous themselves afterwards?—None that I have not already mentioned.

3042. Dr. Ross, in his evidence before the Select Committee of the Legislative Council which sat in 1889, said the lepers' food was cooked in the general kitchen; did you ever hear of any communication of the disease through this?—No. In my time there was a separate kitchen and there was a Swede who cooked. In any case the danger of communication would be very small in that way, as the food was taken away in the lepers' vessels.

3043. Do you know of any cases where healthy children were brought with their leprous parents to Robben Island, and was any attempt made to segregate them—I never remember any children coming with leprous parents; the children of the chronic sick patients sometimes went into the leper wards.

3044. Was the case at Noordhoek an undoubted case of leprosy?—Yes.

3045. *Dr. Dodds.*] What was the man's name?—The man's father was a schoolmaster, and the patient was engaged in farming work.

3046. *Chairman.*] Is he still living at Noordhoek?—No; but the family would be known.

3047. *Dr. Herman.*] Would they be known to Dr. Claude Wright, of Wynberg?—Yes, probably.

3048. Is there any special prevalence of leprosy among the different inhabitants of Kalk Bay or the neighbourhood?—There are a good many Manilla people and fishermen there; I cannot say how many of those are affected.

3049. Could you give us some sort of return of the number of cases that have come to your knowledge at Kalk bay: a good many Europeans have been affected there, have they not?—Yes, the return would be, 8 Europeans or white, 12 mixed race, that have come to my knowledge, and I have heard of others on uncertain authority.

3050. Does leprosy occur greatly under bad hygienic conditions and deficient diet?—Yes.

3051. Have you been able to trace back the cases at Kalk Bay to any particular date?—No. I should think very likely the disease came through the Manillas who are from various vessels that have been wrecked and so on. They settled down at Kalk Bay and they live rather crowded together, under circumstances that I should say would be likely to develop the disease. They are poor people generally.

3052. *Chairman.*] Dr. Dixon has given some special instances to show that prolonged and close association with lepers does not result in the contraction of the disease, and he mentions the case of Cæsar who lived for 2½ years in the male leper ward. Was this man Cæsar cleanly in his habits?—Yes, particularly so.

3053. And was he careful when he came in contact with the lepers and in regard to his food, and so on?—I think not from fear of danger.

3054. Do you think he took any special precautions to prevent infection?—No.

3055. Dr. Dixon also mentions the case of a man named Manuel Tidus who says he lived in the male leper wards for three months without getting the disease. Do you know anything of him?—No.

3056. Then there is the case of Samuel Egan who lived in the leper wards for nine years and is at present quite healthy; did you know him?—No.

3057. Then there is the case mentioned of Mr. Taylor, head wardsman of paupers, who worked for some 26 years in the leper wards and is now quite healthy; did you know him?—Yes, he was a respectable man but a drunkard. His connection with the lepers would not be attended with any degree of danger; all he had to do was to superintend the lunatics who emptied the vessels from the closets, or conveyed food to their wards.

3058. He was not in very close attendance upon the lepers was he?—No, I should have no fear of touching the clean surface of a leper with my hand if there were no abrasion; but I would recommend washing after much close contact.

3059. Dr. Dixon refers to the fact that until about the year 1884, all the lepers' dirty linen was washed by the female lunatics in cold water only, and was often mixed with the underclothing of the lunatic patients in the

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process of washing. Have you anything to say as to that?—It was not so in my time; I was there from 1868 to 1877.

3060. Dr. Dixon says that the practice was probably in vogue for upwards of 30 years?—It was not in my time certainly. I know there was a Swede who did the washing. I could not say whether he washed for the men and women or only for the men.

3061. Dr. Dixon says in his report that "the domesticated animals of Robben Island have furnished additional evidence on the question under consideration for many years past, and may be almost spoken of as having conducted an unsolicited series of experiments on their own persons, which are of grave significance in this enquiry. Until quite recently, the cows, and more especially the calves, were in the habit of consuming large quantities of poultices recently taken from leprous ulcers, and thrown into the compound, and rags and clouts that had been used in binding up leprous sores. The poultry also used to eat discarded food and refuse thrown from the leper wards." Is that the case from your knowledge?—I have not seen the animals eat the poultices which were undoubtedly thrown out.

3062. They might have eaten them, might they not?—Yes: very likely they did.

3063. And as to the fowls?—There was some talk of there being leprous fowls, having symptoms on their legs and feet; also leprous pigeons.

3064. Dr. Dixon goes on to say, "the water in which the soiled and filthy clothes and rags of the lepers had been washed (in cold water only) was allowed to run down an open gutter of considerable length, and was drunk regularly by the cows, calves, and poultry of all kinds." Is that so?—It ran down an open gutter; and I may say that I have heard of rather a curious case on the authority of Mr. Darroll, druggist at Kalk Bay: A cow was sent over from the Island and the woman who had the milking of it got leprosy some year or two after she received it. I remember also when I was member of a Board for condemning unwholesome food at the Island, we sent back a pig, and the contractor said he was very sorry, but the pig came from the Island and had been fed by Mrs. Edmunds, the wife of the Superintendent.

3065. *Dr. Hoffman.*] What was the name of the woman who it was said contracted leprosy from the cow?—

3066. *Chairman.*] Dr. Dixon further says, "until the year 1889, the same vehicle was used indifferently for the conveyance of bread, raw meat, groceries, living lepers, and even the dead from the leper wards." Was there only one vehicle used for all those purposes?—I do not believe that any Superintendent would allow anything so filthy.

3067. Have you any recollection of the way in which they transported bread, raw meat, groceries, as well as dead and living lepers during the time you were on the island?—The bread, meat, groceries and so on were brought up in the ration cart.

3068. Were they thrown loosely into the cart, or were they in separate packages, either in boxes or baskets?—They were in separate boxes or baskets.

3069. How were the rations conveyed from the kitchen?—In double tin cases; on one side meat, on the other vegetables, carried by two men.

3070. When lepers were landed on the island, were they taken up in this cart?—I never saw the cart so used. Most likely those who could not walk would be put into an open sedan chair like those that passengers are landed in.

3071. Was it customary for the cart to go down for them?—I never saw a cart used for the purpose, though it must have passed my quarters if so used.

3072. When a leper died, how was the corpse carried?—On the shoulders of lunatics.

3073. Was the corpse carried in that way to the place of interment?—Yes. There was a small mortuary, but very seldom in my time was a body taken into it; they were generally carried by men immediately from the wards to the burial place.

3074. And not put into a cart?—Not in my time.

3075. Dr. Dixon further states in his report, "The coffins enclosing the lepers' corpses are often hastily made, owing to the exigencies of the climate, and are apt to be rather open at the joints. It was a frequent occurrence for considerable quantities of pus and other fluids to ooze from such coffins on to the floor of the cart, on which the meat would subsequently be placed, and that without any protection to prevent its coming in contact with the bare and filth-saturated boards." In your time was that the case, did you ever see it?—No. Dr. Edmunds would not have allowed anything approaching to such a state of things.

3076. Would you have had frequent opportunities of observing if such a thing had occurred?—Yes; and some of the attendants or other employés would certainly have informed me of any such doings.

3077. Did you officiate at most of the funerals?—Yes, always.

3078. Therefore you would have had a good opportunity of seeing how the coffins were conveyed?—Yes; I never remember a cart being used, or any leakage of liquids from a corpse.

3079. *Dr. Edington.*] I understand that in your time such a state of things did not exist?—No; Dr. Edmunds was not only an able man but a very careful man, nor do I think Dr. Biccard would have allowed it.

3080. *Dr. Dodds.*] At that time there were scarcely any of the attendants in close contact with the lepers, ?—No; not lunatic or pauper attendants.

3081. Was the contact of the general population on the island with the lepers so frequent that there would be much fear of their getting leprosy?—No, it was not.

3082. Therefore no point can be made of the fact that people were not infected on Robben Island during your time?—No; there is nothing to be deducted from that at all; all intelligent people have a sort of instinctive care and caution about coming in contact with lepers, and we did everything to prevent their mixing with the healthy people at public entertainments and so on.

3083. *Chairman.*] Have you had any medical education?—I was articled, and visited patients for about four years.

3084. Therefore you could form an estimate of the disease from that fact?—Yes.

3085. *Dr. Edington.*] What was the nature of your medical education?—I was with my brother, Dr. Baker, indentured as an apprentice. I liked the study of medicine, but I did not care for it in practice. I then read for Holy Orders and became a clergyman. I saw many and various cases in the course of those four years, and I was besides that for two years in University College Chemical Laboratory, London.

3086. *Chairman.*] Have you any knowledge of vaccination?—Yes; I have vaccinated hundreds of people.

3087. In your own experience have you ever known a case of leprosy due to vaccination?—No; it was not likely to occur. I thought there might be a danger, so I took very great precautions. I had two lancets in use, one of which was for doubtful cases, and I always carefully washed them in separate basins of water and dried them with separate cloths. Then I got the teachers in the different schools to tabulate the names of the scholars, putting "d" for doubtful, "g" for good, and "b" for bad, and I never vaccinated with lymph from doubtful cases. I remember I told Dr. Ebden how careful I was, he said I was quite right, but medical men could not always carry out such precautions. He thought that leprosy could be be conveyed by vaccination.

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3088. Are you aware whether any cases are reported of leprosy having been spread by vaccination?—I have read of such cases. Other diseases may be spread in that way, syphilis for instance may be communicated through vaccination, and why not leprosy, a kindred disease also with a specific bacillus?

3089. *Dr. Dodds.*] Do you know whether any children of lepers afterwards became leprous?—I could not trace them out after I left the island, and it would be difficult to find them on the mainland.

3090. You have doubtless read the report of the Indian Leprosy Commission and are aware that they report against compulsory segregation?—Yes.

3091. Do you still, in spite of that, hold a strong opinion that it is contagious?—Yes.

3092. And you think that compulsory segregation is necessary?—Quite necessary.

3093. *Dr. Edington.*] In the Indian Commission do you think there was a bias among the Commissioners in the direction of non-contagion?—I thought there was a slight bias, nothing wilful of course, but I think one or more had certain preconceived notions when they approached the matter, and as some others of them were doubtful, the positive members would have less difficulty in getting their views confirmed.

3094. *Chairman.*] Is there anything else you wish to add on the subject?—I may say that a farmer at Muizenberg has informed me of several striking cases, confirmatory of the contagion view. He has neglected to write them down as promised; and I should like him to be consulted in order to ascertain the grounds of the statements. On the subject of the modes of conveyance of rations and of corpses on Robben Island, no one can give more accurate information than Mr. Watson of the "Captain's Rooms," Cape Town, who was for years acting in various capacities on the Island, and is thoroughly acquainted with its affairs.

Robben Island, Tuesday, February 20th, 1894.

PRESENT:

DR. MURRAY (*Chairman*).

Dr. Greathead,	Dr. Edington,
,, Dodds,	,, Hoffman,
,, Herman,	,, Fismer,

R. A. K* * * * *examined.*

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3095. *Chairman.*] Are you at present a paying patient on Robben Island?—I am.

3096. From what part of the Colony do you come?—From Montagu.

3097. How long have you been on the island?—14½ months. I came here on the 7th December, 1892.

3098. Were you ill long before that time?—Yes.

3099. How has your health been since you have been on the Island?—The first six months my health was pretty good. When I came my house was not finished; I felt the wind very much and caught a cold which lasted some time but I am well now. On the 7th of March last year, I think, I began to use gurjun oil. The doctor told me I must drink it twice a day and also rub it in twice a day. I have rubbed myself with the oil sometimes three times a day, but I find if I use it too much it gives rise to eruptions.

3100. Is your house comfortable at present?—No; I think it will kill me if I stay in it. The iron is so hot and it is quite different from a brick or stone building.

3101. Do you ever find it too cold?—Yes, in winter time, and it is so draughty. You cannot imagine how windy it is on the island, and I think it must be the worst place in the whole world to bring people to.

3102. How are you off for food: do you get enough?—Yes, I get more than I can eat, but the cooking is very bad. It has been a little better lately, but it wants looking after.

3103. *Dr. Edington.*] Does the doctor give you good attention?—He does not visit me unless I send for him. There are so many sick people for him to visit that I suppose he looks upon me as comparatively well and that is why he goes past.

3104. *Chairman.*] You see him passing every day, I suppose?—I cannot see, but I hear him passing.

3105. And if you wanted him you could get him?—Yes. I have no fault to find with the doctor; my complaint is against the place.

3106. Do the sand and heat trouble you at all?—The heat is very great, and the house is built on the sand. The sand hurts my eyes when the wind blows.

3107. Had you lost your eyesight before you came here?—Yes.

3108. Do you attend the church on Sundays?—Yes.

3109. How do you spend your time; have you any amusements?—I have nothing to do, that is the worst of all. I can only just sit in the house. There is only one attendant for myself and another patient, Mr. Louw. The attendant sometimes takes me for a walk, but it is too hot now in the day-time to go out, and the wind is blowing very often.

3110. *Dr. Greathead.*] Have you no shelter when the wind is blowing?—No; there is no place for me to go to get shelter from the sun and the wind.

3111. Have you any amusements?—I cannot see.

3112. Does anyone read to you?—Only Mr. L* * *; he reads to me sometimes, and I am thankful for that. The attendant cannot read. I should like someone to read to me. I just sit here all day.

3113. *Chairman.*] Do you have any friends to visit you?—Yes, my relations come to see me. My wife and two sisters have been about twenty times since I have been here. I always understood that the friends of patients could travel on the railway at half fare, and if they could not pay, for nothing. My people, however, have not travelled at half price, and to come from Montagu, what with staying over in Cape Town and all the attendant expenses, costs £4, so that my wife has had to pay £80 to come and see me since I have been here.

3114. And you consider that a great hardship?—Yes, I have 14 children.

3115. *Dr. Edington.*] Do you think your condition would be made more comfortable if your friends could come to see you at half price?—Yes, I do not want them to travel for nothing, but I think they should be allowed to come at half price. The stationmaster said the magistrate at Robertson had told him they could not come for half price. I am exceedingly anxious to go home from the island. I come from a dry climate, and my wife who is a healthy woman could look after me. She is 59. It is not as if I was a young man of 20.

3116. You mean to say that from your point of view it would be just as well for your wife to look after you as a man on the island?—Yes. When Mr. Sauer was Colonial Secretary I was in communication with him about staying on my farm, but he insisted on my having so many attendants, in fact, the expense would have come to about £400 a year.

3117. *Dr. Herman.*] Do you regard Robben Island as a healthy place?—No; it is the most unhealthy place in the world; and it is worse for lepers suffering from the tubercular form, the sea air is too strong for them, and then there is the wind. For eight years at home I was never ill.

3118. *Chairman.*] You have been here since 1892, have you not?—Yes,

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3119. Do you consider yourself now in as good health as when you came here?—My health at present is very good. When I came my face was all right. You will find a report of my condition at the Colonial Office; when I came here I understood from the magistrate that I should soon go back and that they would not keep me long, perhaps not more than a month.

3120. If you were not blind, could you walk about?—Yes; I feel strong and could walk well if my sight permitted me.

Mr. N. J. L * ** examined.

N. J. L * **

3121. *Chairman.*] Are you at present a paying patient on Robben Island?—Yes.

3122. What part do you come from?—From the Malmesbury district.

3123. How long have you been on the island?—About eighteen months.

3124. How long were you sick before that time?—About five years.

3125. What do you think of the island as regards your own condition; are your quarters comfortable?—They are hot in summer and cold in winter, as the building is constructed of wood and iron.

3126. When do you feel the cold most?—In June, July and August.

3127. Are you able to go about well?—Yes. The only grievance I have got is that there is no chance for my friends to see me. I have not seen my father since I have been here, as he cannot travel over the sea; he dreads the sea voyage.

3128. Have any other friends or relatives visited you?—Yes.

3129. Do they complain about the expense?—No; they only come from the Paarl.

3130. What amusements have you on the island?—Only reading.

3131. Can you walk about?—Yes, but the wind is very troublesome.

3132. How do you spend your evenings?—I converse with Mr. K* * * *, and I read.

3133. Do you get on better in the summer or in the winter?—I would say the winter is better. I find my health very good.

3134. Are you satisfied with the food you get?—The food is not bad, but there is very little variety.

3135. If you want anything special, are you able to get it?—They give us the same food as they get in the wards.

3136. Suppose you ordered a ham, could you get it?—Yes, subject to medical advice.

3137. And is it the same with regard to drinkables?—We are at liberty to do what we like.

3138. Are the vegetables scarce?—Yes.

3139. What sort of vegetables do you get?—Usually cabbage and potatoes, but the vegetables are old when we get them, and there is no change.

3140. Do you agree generally with what Mr. K* * * * has said with reference to the island?—Yes.

3141. Is there anything you specially want?—I do not know of anything particular—of course one feels the isolation very much.

3142. Are things pretty quiet on the island?—There has been some little dissatisfaction about the delay in the Commission coming, and there was a row about the meat a little while ago. They said it was not good.

3143. Was the meat you got at all affected?—No.

3144. *Dr. Dodds.*] Is there anything you can suggest with regard to making you more comfortable in any way?—I only want to go home.

3145. *Dr. Hoffman.*] Is the water good?—I seldom drink water. have beer.

3146. Does the Government supply you with beer?—Yes.

Hantis examined.

3147. *Chairman.*] You are one of a deputation sent by a ward; what ward do you represent?—Ward No. 4.

3148. How long have you been on the island?—Five years.

3149. What part of the colony do you come from?—Grahamstown; I was born close to Riebeek street.

3150. Have you any complaints to make to the Commission?—I was told by the doctor who sent me here that I should go back again to my home when I was cured.

3151. What doctor told you that?—Dr. Greathead told me.

3152. Do you get good food here?—Yes; I get enough to eat.

3153. Do you sleep comfortably?—Yes.

3154. Do you get tobacco and things of that sort in addition to your daily food?—Yes.

3155. And have you freedom to walk about the island?—Yes; as much as I like within a certain distance.

3156. Is there anything on the island that you are not contented with; do you suffer from the cold, the heat, or the sand in any way?—In the summer the island is very hot and in winter very cold.

3157. *Dr. Edington.*] Is there anything specially that you complain about?—Only that I wish to leave the island and go to my home: that is my great complaint. Our hearts long very much to go home. The doctor who sent me here said that as soon as I got any better I would be removed to my home.

3158. *Chairman.*] Are you better now?—Yes; I am better than when I came to the island, at that time I could not use one leg

3159. *Dr. Greathead.*] Are you quite cured?—The disease is still on my body. I cannot say I am cured but I am not so bad as I used to be.

3160. Were you informed that if you came to the island you would be sure to get cured?—I was not promised that, but I was told that as soon as I got better I should go away.

3161. *Chairman.*] Do you think you are much better now?—Yes, better than I was when I came, I feel stronger, and I have gained flesh. My only longing is to go home.

3162. Are you a married man?—No. I have brothers and sisters.

3163. Would it not be a very bad thing if you left here and carried the disease to them perhaps?—I stayed among them when I had the disease two or three years, and I do not think it is contagious. They are quite as healthy as when I left them.

3164. Do you get plenty to eat?—Yes, but I do not care about that; my greatest longing is to get away from the island.

3165. *Dr. Dodds.*] Do you get a bath?—Yes, when I like. Sometimes I take a bath twice a week and sometimes three times a week.

3166. Even in summer is there plenty of water?—Both.

3167. *Dr. Greathead.*] Does anyone look after the patients to see that they take a bath, supposing they are not inclined to?—Mr. Fitch, the superintendent, used to look after it, but now he has so much work to do we see to it ourselves.

3168. I suppose you could go for a month without a bath if you liked?—Yes.

3169. *Dr. Dodds.*] Do you get hot or cold water?—Both.

3170. *Dr. Hoffman.*] Apart from your wish to see your friends, are you well treated on the island?—Yes. I have no complaints.

3171. *Dr. Herman.*] How do you spend the evening; have you any amusements?—Yes; there are cards, draughts, backgammon, and so on.

Jumbo.

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Jumbo examined.

3172. *Chairman.*] Do you represent Ward No. 4 in company with the last witness?—Yes.

3173. You have heard what he has said; do you agree with him?—Yes.

3174. Are you well treated on the island?—Yes.

3175. How has your health been?—I am much better.

3176. Where do you come from?—From Grahamstown.

3177. How long have you been here?—One year and seven months.

3178. And you feel much better in health since you have been here?—Yes.

3179. What work were you doing at Grahamstown?—I worked in the stores and did gardening. I was also a driver.

3180. Had you plenty of good food to eat when you were at home?—Yes.

3181. What did you have to drink?—Beer, wine, and brandy.

3182. Do you get wine and beer here?—No.

3183. And still your health is better now?—Yes.

3184. Did you drink much when you were at home?—As much as I wanted.

3185. And now you get no stimulants at all?—No. I want to get home very much, as I have a family.

3186. Who supports your family now?—There is no one to do it.

3187. Are your children grown up?—Yes.

3188. Do they support themselves?—Yes. My wife is alive, and works when she can get any to do.

3189. Do you know anything about a disturbance on the island the other day?—I was not there, I heard there was something, I did not see it, nor did I hear any noise.

3190. *Dr. Herman.*] Do you not think it is very kind of the Government to look after you and give you comfortable dwellings and good food, when if you were at large, you might spread the disease?—I do not care about the food although there is nothing to complain of. I want to see my wife and children. She does not get the food.

Caspar Lindeboom examined.

Caspar Lindenboom.

3191. *Chairman.*] What ward do you represent?—No. 1 Ward.

3192. How long have you been on the island?—Over three years.

3193. Where do you come from?—Swellendam.

3194. How long were you sick before you came here?—Six years.

3195. Are you better or worse now?—I am very sick now.

3196. Do you get enough to eat?—The food is good, but it is not well cooked.

3197. *Dr. Herman.*] Do you get tobacco?—Yes.

3198. And wine or brandy?—No; I do not take it.

3199. Do you know anything about a row on the island lately?—Yes.

3200. Was that the first row that has taken place?—No.

3201. What was it about?—Because the meat was bad.

3202. How often has the meat been bad?—Several times. We complained about it, but nothing was done. We remained quiet, because the doctor told us to be satisfied.

3203. *Dr. Hoffman.*] Was the bread good?—Yes, always. I do not want to make any complaint about the food. I only want to go home. My heart is very sore, as I have a wife and children and want to see them.

3204. *Chairman.*] Are your children very young?—The youngest is four years old and the oldest fourteen, they cannot work for themselves.

3205. *Dr. Edington.*] Have you any complaints to make about the island?

—The food and the sleeping are good, but I want to go home. We are the unhappiest people in the world. *Caspar Lindeboom.* Feb. 20th, 1894.

3206. If you were on the mainland, would you consent to be isolated? —I only know I want to go home.

3207. *Dr. Herman.*] Do not you think it is a bad thing for lepers to mix with healthy people?—I was for six years in the same house with my wife and not one of the family was infected. I have got 12 sisters and brothers. I am the eldest and the only one who has got the complaint.

3208. *Dr. Hoffman.*] Do not you consider the island a good place?—No, I consider it is unhealthy. Six years ago I was able to do a great deal of work, but I cannot now.

Andries Rudolph examined.

3209. *Chairman.*] Are you also a representative of No. 1 Ward?—Yes. *Andries Rudolph.*

3210. How long have you been on the island?—One year and three months.

3211. Where do you come from?—From Durban Road.

3212. Have you any complaints to make?—My only complaint is that I long to go home.

3213. *Dr. Herman.*] Is not the island healthy?—It is not that; I want to go to my family.

3214. Is the food good?—Yes, but it is not the kind of food I like. I like my own sort of food. Sometimes I get money by working in the wards and cook my own food.

3215. Do you know anything about the row that took place lately?—Yes I was present. We sent word by Mr. Fitch that the meat was not good, and; Mr. Fitch came back and told us the doctor said we must eat it as it was good. The meat was altogether uneatable. We then went up in a body to complain. The bread is good, but not the tea and coffee.

3216. Was any one locked up after the row?—Yes; three men were taken before the magistrate, but they were only kept for a few minutes till they were quiet.

3217. Were the policemen armed?—Yes; and they said that if we did not go home they would shoot us. One of the policemen pulled his revolver out. I was close to him.

3218. How many men were there from the wards?—A good many; about 50 of us altogether.

3219. Had you sticks?—Only two of the men who were lame and could not walk without sticks. We did not threaten, but there were two men who spoke more than the rest.

3220. Who were the men who spoke more than the rest?—Fritz and Arendse from No. 5 Ward.

3221. Was the meat bad only once?—No; in hot weather it has been bad several times.

3222. Is it bad in the winter?—No, never.

3223. When you went to the doctor did you go peacefully?—Yes.

3224. Do your friends come to see you?—Yes.

3225. Is there any difficulty about their coming?—It is very difficult to get a pass.

3226. Do you work in the wards?—Yes. I clean up and so on, for which I receive fourpence a day.

Gert Bantjes examined.

3227. *Chairman.*] What ward do you represent?—No. 2. *Gert Bantjes.*

3228. Where do you come from?—The Free State, the neighbourhood of Bloemfontein. I was in the hospital at Bloemfontein.

Gert Bantjes.
Feb. 20th, 1891.

3229. How long have you been on the island?—About nine months. When I was in the Free State I suffered from the same sickness I have got now.

3230. Have you any complaints to make about the island?—I have nothing to complain of; I only want to go home.

3231. Is the food good?—I do not complain of the food.

3232 *Dr. Herman.*] Was there a complaint about the meat lately?—Yes; there was a row, but I was not there. I did not agree with it. I went part of the way, and then turned back. We did not eat the meat, but there was bread and that was enough for us. As a rule the food is good.

3233. *Dr. Hoffman.*] Is it often that there is a complaint about the food?—No; we do not complain.

3234. *Dr. Herman.*] What did they say about the food?—That it stank. When it was brought in and opened, the stench was very bad.

3235. How is the island in the summer?—In summer it is very hot, and the glare from the sand is bad enough to destroy your eyes.

3236. How is it in winter?—In winter we can get on pretty well; it is when the hot weather comes that we feel it.

3237. How do you amuse yourselves?—We wander about the island, play a little and sleep.

3238. Are you allowed to do just as you like?—Yes.

3239. Do you get paid if you do any work?—Yes.

3240. Do the men ever go over to the women's quarters?—Yes, but they never get over the wall. They must be back again before sunset.

3241. Do you get medicine regularly?—Yes, if we go to the dispensary.

3242. Do you get medicine for your special complaint?—Yes.

3243. Would it not be a good thing if you had some gardening to do?—There is no chance to do gardening here, and there is no one for whom we should make a garden.

3244. Supposing you were paid for working in a garden?—I do not think we should care for it.

3245. Do you speak for yourself or for all in the ward?—I represent the ward.

3246. Have you any other complaints?—No.

3247. Did you see the President of the Free State when he was here?—Yes. The President said that I could complain to him if I had anything to say.

3248. If you could be segregated somewhere in the Free State would you be perfectly satisfied?—Yes.

Jeary Gelatze examined.

Jeary Gelatze.

3249. *Chairman.*] Do you also represent No 2 Ward?—Yes.

3250. Where do you come from?—From the Free State; I live at Wepener.

3251. How long have you been here?—Less than three years.

3252. Did you come here direct?—Yes.

3253. You heard what the last witness stated; do you agree with him?—Yes, I agree with all he said.

3254. Have you any complaints to make?—Only that I want to go home.

3255. *Dr. Herman.*] Do you get a bath?—Yes, about twice a week; there is plenty of water.

3256. If you could be segregated in some place in the Free State would you like it?—Yes, I should be quite satisfied: I should be close to my friends, I am so far from my people here.

Albert Frieslar examined.

Albert Frieslar.

Feb. 20th, 1894.

3257. *Chairman.*] What ward do you represent?—No. 5.

3258. Where do you come from?—I am an Africander and was born at Simon's Town.

3259. How long have you been here?—18 months.

3260. Have you any complaints to make?—The only thing is that I should like to leave the island.

3261. Do you complain of the food?—It is badly cooked.

3262. Do you get enough?—Yes. The coffee and tea are bad.

3263. Do you get any butter or fat?—No, dry bread, and no cheese. It is not my usual food. If I were at home I should get very different food.

3264. How long have you been ill?—It is 26 years since my hands were crooked. I used to sell fruit.

3265. Have you any other complaints to make?—I cannot say that I have any. The only thing is I want to go home. I am satisfied with every thing else.

Petrus Booy examined.

Petrus Booy

3266. *Dr. Hoffman.*] Where did you live?—At Piquetberg.

3267 How long have you been here?—Just 15 months.

3268. Have you any complaints to make?—Yes, I want to get free.

3269. Have you any complaint to make about the food?—Yes; it is not properly cooked. Last week we got meat that was not fit to eat as it stank. The tea and coffee also are bad.

3270. What happened when you complained about the meat?—We went over in a body to complain. When we got there, Dr. Impey said that if anyone made any more noise about the food he would be shot. A policeman had a pistol in his hand, I stood close by him. I had nothing in my hand and I made no effort to do anything, I only spoke. The only men who had sticks were cripples, their feet were sore.

3271. Were the people quiet?—Yes.

3272. Do you get medicine regularly?—Since I have been here I have not had a drop of medicine.

3273. Are you better than you were when you first came here?—I am just the same.

3274. Is the island a pleasant place to live on?—No, there is not a bit of comfort here.

3275. Can you wander about on the island?—Yes, but that does not do us any good if our hearts are sore. What we want is to go home.

3276. Is there anything that will give you pleasure?—Not here.

3277. Do you see the doctor?—Yes.

3278. And the clergyman?—Yes; the Rev. Mr. Morgan comes to see us.

3279. Does he come to read to you?—He comes on Sunday, and those who like can go to his church.

3280. Have you any amusements?—Yes.

Caspar Keur examined.

Caspar Keur.

3281. *Dr. Hoffman.*] What ward do you represent?—No 6.

3282. Where do you come from?—From Kimberley.

3283. How long have you been here?—A year and eight months.

3284. Where were you born?—At Darling. I am mixed race. My father was an Africander.

3285. Have you got any complaints to make?—Our greatest complaint is that we want to go home. The food is bad and the tea and coffee are bad; the meat also is badly cooked. We complained to Mr. Fitch about the meat lately, as it was bad, and then we went and saw

Caspar Keur.
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the doctor. We told him we should not eat it, and the doctor said that if we did not stop talking he would have us shot. The constables stood opposite us with revolvers. They caught hold of one man named Arendse and struggled with him, and tried to take him to prison.

3286. Do you think it right to go in a body to the doctor like that?—We went quietly; we did not take sticks or anything. There were about 50, but a number of them were children. There were only two Kafirs.

3287. Are there any other complaints you have to make?—Our only complaint is that we want to get home to our wives and families; that is all we long for.

Jacob Gorijeman examined.

Jacob Gorijeman.

3288. *Dr. Hoffman.*] Do you also represent Ward No. 6?—Yes.

3289. Where do you come from?—From Burghersdorp.

3290. How long have you been on the island?—Two years and six months.

3291. Did you come direct here?—Yes.

3292. Have you any complaints to make?—I complain that I want to get home; it is the same complaint with all of us.

3293. Is the food good?—No.

3294. Is the meat bad or is it only the cooking that is bad?—All is bad, nothing is good. There is nothing that pleases us on the island; we want to go to our friends. Further than that I have no complaints.

3295. Do you agree with what the last witness has said?—Yes.

3296. Did you have anything to do with the row last week?—No, I was not there.

3297. *Dr. Herman.*] Are you always well here?—Sometimes I feel well and sometimes not so well.

3298. If you are sick are you well taken care of?—We cannot complain; we can go to the hospital and get medicine, but I have had no medicine for my leprosy since I came here.

3299. If your friends wish to see you, is there any difficulty about their coming?—I cannot say.

3300. Were you brought here by railway?—Yes.

3301. Were you comfortable on the way?—Yes.

3302. Would you prefer to be on the mainland in your own district, so that your friends could see you?—Yes.

D. J. du Plessis examined.

D. J. du Plessis.

3303. *Chairman.*] Do you represent the non-paying white patients?—Yes. The ward contains 30 patients and I and another have been elected as a deputation.

3304. Have you any complaints to make?—Yes. I have been here a year and three months. The island is very hot in the summer and the wind blows terribly, and the dust affects our eyes. When I came here my eyes were good; but now they are very bad. Sometimes in the evening it gets very cold and you have to put on an overcoat. It is very cold in the winter, and oftentimes very misty, so that you can hardly see anything. I do not consider the island at all healthy.

3305. *Dr. Fismer.*] Do you suffer from a cough?—Yes. I get very hoarse. I was much healthier at the Paarl. I was there 15 years as a watchmaker and afterwards as a wagonmaker. I consider that I was brought here in a scandalous manner. The doctor came and said he wanted to see me, and afterwards I got a letter from the Magistrate saying I must be removed to Robben Island.

3306. Have you any complaints to make?—I get no medicine at all except when I ask for it.

3307. Have any of the other patients got medicine?—I do not think so,

except oil to rub in. The food is bad. I would sooner have the food that servants get at home.

3308. What do you get?—Roast mutton, potatoes and cabbage, but the cooking is not at all good; the beef is not good, and as for the tea and coffee I get my own every week. I get a bottle of wine every week.

3309. *Dr. Herman.*] Do all the patients get wine every week?—Some do when the doctor orders it as a medical comfort.

3310. Can your family come to see you?—My wife comes over every month, but it is very hard for her as she gets sea sick. My youngest child is 8 years old and the eldest 22.

3311. Which doctor attends your ward?—Dr. Todd did, but for the last two weeks Dr. Impey has taken it over.

3312. Have you any other complaints?—The dust is very bad for our eyes.

3313. Do you get a bath?—Yes.

3314. Are you compelled to take a bath?—No; I prefer to wash in my own room.

3315. Do visitors from the mainland come to see you?—Yes. I do not wish to make complaints, as I hope eventually I shall be set free. That is my only wish.

3316. Would you be willing to be segregated on the mainland?—I know one patient who has been removed home, and I would prefer segregation on the mainland in an asylum. It would be more satisfactory and as different as night is from day compared to the island. I know a man at Klapmuts who suffers from leprosy and another at the Paarl, and it is not just that some persons should be singled out and sent here while others suffering from the same disease should remain at home.

3317. *Dr. Greathead.*] Do you know any reason why other lepers have been allowed to remain on the mainland?—No.

P. van der Poel examined.

3318. *Dr. Fismer.*] Are you also a representative of the non-paying white patients?—Yes.

3319. Do you agree with what the last witness has stated?—Yes: we all want to go home.

3320. Have you any other complaints to make?—No I would much rather be segregated on the mainland.

3321. *Dr. Edington.*] Who visits your ward?—Dr. Todd used to, but Dr. Impey has visited it the last fortnight.

3322. How often does the doctor visit you?—Dr. Todd visited us every day.

3323. How often does Dr. Impey come?—Three times a week, all the days but boat days.

3324. Does anybody inspect the food?—Yes, Mr. Fitch has inspected the food every day since the 1st of February; we have got our own cook and he does very well.

3325. Is the food well cooked now?—Yes, much better.

3326. Have you any shelter when it is hot and windy?—No; we are forced to sit in the wards.

3327. How do you pass the day?—We can walk about and sleep.

3328. Does the clergyman come to visit you?—Yes.

3329. Is there any suggestion you can make with a view to improving your present condition or add to your happiness?—If we could be on the mainland in some place we would be happy.

3330. Would you be willing to go into an asylum on the mainland?—Yes.

Johannes Venter.

Feb. 20th, 1894.

Johannes Venter examined.

3331. *Chairman.*] Are you a non-paying white patient ?—Yes. I come from the Free State, I have been here two months.

3332. Have you any complaints?—I want to go home and leave the island. I have no complaints to make. My wife and children are in want, and I should like to leave here and go and work for them. If the President would see that my family is maintained, I would be satisfied.

Mrs. S. Arendse examined.

Mrs. S. Arendse.

3333. Do you represent the female patients?—Yes, I am a Malay and have ten children. I was forced to leave them.

3334. How long have you been here?—Since August 9th, 1892.

3335. Where do you come from?—From Claremont.

3336. Have you any complaints to make?—I do not want to complain about the food or anything else, I only want to get back to my children. I thought when the Commission came, we should be allowed to return home. That was what Dr. Impey told us.

3337. Is the food good?—It is very scarce sometimes and there is more bone than meat, but I do not care about that if I can only get away.

3338. Is the meat bad sometimes?—Yes, in summer very often and in winter too at times.

3339. Have you had ten children since your hand was bad?—Yes, I used to live in Cape Town and then I went to Claremont.

3340. *Dr. Edington.*] How long has your hand been bad?—Twenty years.

3341. And you have had ten children since then?—Yes.

3342. Where are they?—At home.

3344. Is your husband living?—Yes. Nothing has broken out since I have been here, and I have worked all the time.

3345. *Chairman.*] Are you troubled with the heat, cold or wind?—The sun is very hot, and the dust troubles us. There is nothing comfortable.

3346. Is there any shelter from the wind except in the wards?—No, we have to keep inside when the wind blows; the people get bad eyes on the island from the dust and the glare of the sand. My last baby was only three months old when they took me away from home. There is no one to look after the children.

3347. Would you prefer being in an asylum on the mainland?—Yes. It is very hard for me, I do not know what has become of my children. They have no mother to look after them.

3348. Have you seen any of your friends since you have been here?—My husband comes every week and brings me food.

3349. Have you seen any of your children?—Yes, but they tried to stop the pass. One day my husband came but he could not land, it was so rough.

Rachel examined.

Rachel.

3349A. *Chairman.*] How long have you been here?—A year and four months.

3350. Where do you come from?—Sterkstroom.

3351. Do you agree with what the last witness has said?—Yes.

3352. Is the food bad?—The meat, tea, and coffee are all bad.

Sarah Isaacs examined.

Sarah Isaacs.

3353. *Chairman.*] How long have you been on the island?—A year and seven months.

3354. Where were you born?—In Cape Town. I came here from Kimberley.

Sarah Isaacs.

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3355. Is the food good?—No.

3356. Do you agree with what the last two witnesses have said?—Yes.

3357. Have you anything else to complain about?—The soap is very bad that they give us.

3358. Do you ever get any medicine?—No; since I have been here I have never had any medicine.

3359. How often does the doctor visit you?—Every day Dr. Todd comes.

3360. Have you had any oil to rub in?—No.

3361. And no other medicine?—No.

3362. I suppose you could ask the doctor if you wanted anything, could you not?—Yes; it is seldom that we see Dr. Impey. Dr. Todd is very kind.

3363. Do you ever complain to any of the visitors that come over here?—No.

3364. Why is that?—We have been waiting for the Commission.

3365. How is the washing done?—We have to pay for our washing if we want it well done. We do not like to send it for the men to wash, it is done so badly, it comes back nearly as bad as it went.

3366. Have you a washing place of your own?—Yes.

3367. Cannot some of the women wash?—Yes, sometimes I wash the clothes myself and sometimes I give them to a Kafir woman and pay her.

3368. Do you earn any money here?—Yes, sometimes I wash for the patients and they pay me.

3369. Do you attend the church?—No; I am a Malay.

3370. Have your eyes got bad since you have been here?—Yes; my eyes were not so bad when I came here as they are now. I have a sick brother in the male ward, and I can only go and see him at certain times.

3371. Have you any other complaints to make?—We get very little writing paper.

Johanna Dudley examined.

Johanna Dudley.

3372. *Chairman.*] Where do you come from?—Aliwal North.

3373. Do you ever go out for a walk on the island?—Yes, with the nurse every day.

Rebecca Marais examined.

Rebecca Marais.

3374. *Chairman.*] Have you any complaint to make?—I was sent here to be treated as a first class patient. My husband pays for me, but I only get treated as an ordinary patient. My husband pays £2 5s. a month. I complain that I do not get writing paper even, and I get no medical treatment. I have two healthy children.

3375. Do not visitors come here to inspect the wards?—They do not ask for complaints. I have been three months here and have never made any complaints to the officials.

Nelly Ross examined.

Nelly Ross.

3376. Where do you come from?—Georgetown.

3377. Have you any complaints to make as to the treatment here?—I have been here a year and four months. I have to complain about the washing. It is done by the men and is always sent back dirtier than when it went.

3378. How is the food?—It is very scanty; the butter is full of flies, the eggs are mostly rotten, you only get a small piece of meat every 24 hours, and sometimes it is bad.

3379. Do you get enough to eat?—No.

3380. Who does the cooking?—It is done in the kitchen. For this ward it is done by the nurse. Sometimes we get things from the hands of

Nelly Ross.
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brown people, when their hands are full of sores. One sick person has to look after another. We do not get enough water. My hands and feet are gone and I am comparatively helpless. I have to stay here till somebody assists me. The nurse is a leper patient. I get no medicine except for my cough.

Mrs. M. Geldenhuys examined.

Mrs. *M. Geldenhuys.*

3381. *Chairman.*] Where do you come from?—Caledon.

3382. How long have you been here?—Two years.

3383. Have you any complaints to make?—I have the same complaints as the others. The nurses do their best to look after the patients, but the attendance is not as good as it should be. I get cough mixture, but no medicine for the disease.

Augusta Regensburg examined.

Augusta Regensburg.

3384. *Chairman.*] Where do you come from?—Cape Town.

3385. Have you any complaints to make?—The butter has flies in it and it is rancid, and the coffee is not good. Sometimes the meat does not taste good either; but that is not very often. It is more often bad in the summer.

3386. Do you get enough?—Every 24 hours we only get a small piece of meat, and there is a good deal of bone with it.

3387. Could you eat more?—Yes, I could eat a great deal more than I get.

3388. Have you anyone to help you when you cannot move about?—I can move. The nurse is sick, she is a patient.

3389. Is that the only nurse for this ward?—There is a nurse who carries the water, an under nurse, and she is a patient.

3390. Therefore there is no healthy nurse in this ward?—No.

3391. Are the nurses coloured?—One is European and one is coloured.

3392. Have you any other complaint?—I should be glad if we could be allowed cheese occasionally, and if there could be a little more variety in the food.

3393. Have you any amusements?—I do not care about amusements. It is very hard for me to be separated from my parents. I would like to go back to-morrow if I could.

3394. Do you get plenty of writing paper and so on?—Only once a week, we do not get plenty.

3395. Do you ever see any visitors?—Yes.

3396. Do you make complaints to them?—No.

Mrs. Laubser examined.

Mrs. *Laubser.*

3397. *Chairman.*] Are you a paying patient on the island?—Yes.

3398. How long have you been here?—Four months. I come from the Malmesbury district.

3399 Have you any complaints?—Only that the glare from the sand is troublesome, and there is great difficulty about persons coming to see me. I do not complain about the management, and I am satisfied with the food, it is good. My friends are afraid of the sea voyage.

3400. Have you any children with you?—Yes, two. I have seven others at home. I have the two youngest with me. I have a dining room and two other rooms. My husband is alive, my youngest child is not a year old.

3401. Have you come here voluntarily?—Yes, thinking the doctor would make me all right. I was afraid my husband and children would catch the disease, so I consented to be separated from them all.

3402. Do you find any inconvenience from being so close to the male leper wards?—No. I am quite satisfied so long as the present white matron remains here.

Mrs. *Laubser.* — Feb. 20th, 1894.

3403. Have you any servant?—It is difficult to get any female patient to work even when they are paid, they will only come a short time. I get everything I want.

3404. Do you think the other patients have anything to complain of?—No, they complain sometimes that the food is not very good, and they wish to go home.

Cape Town, Wednesday, February 21st, 1894.

PRESENT:

DR. MURRAY *(Chairman).*

Dr. Herman,	Dr. Fismer,
,, Edington,	,, Dodds,
,, Hoffman,	,, Greathead.

Dr. *George Eyre.* — Feb. 21st 1894.

Dr. Eyre further examined.

3405. *Chairman.*] What is your definition of the term hereditary; is it the actual transmission of the disease to the fœtus in utero or predisposition merely?—Predisposition, which would mean that the subject was more liable than an average person to take the disease supposing such person were exposed to infection.

3406. *Dr. Edington.*] Do you believe at all in the possibility of the hereditary transmission of the disease from the mother to the fœtus?—I do not believe in that.

3407. *Chairman.*] Do you think a child has ever been born a leper?—No; I never heard of a child being leprous at birth.

3408. *Dr. Greathead.*] What is the age of the youngest leprous child you have known?—About six years old I think. I remember one child on Robben Island about that age; that is the youngest.

3409. Do you think the incubation period of the disease is shorter than six years?—I think it is less than six years, about two or three I should say.

3410. Do you believe the children of leprous parents inherit any proclivity to the disease?—Yes. I believe they do.

3411. *Chairman.*] Have you any records of cases tabulated from recent observation which would tend to strengthen your opinion?—I have drawn up some family trees. I think a very large number of cases in one family would strengthen that idea. I have here the family tree of William Renz, who was on the island at the time I was there. I showed that in my report for 1890. In that case the tendency has evidently come through the wife's side. The wife had leprosy two years before the husband had it.

3412. *Dr. Greathead.*] What condition was the Renz family living under?—A great many were living together, and they were very crowded. I remember that that was a special feature.

3413. *Chairman.*] Where were they living?—In Malmesbury I think.

3414. Did they come under your notice at Robben Island?—Yes.

3415. How many of the family were on Robben Island?—Three; Renz himself and two children, one in the female ward and one in the male ward.

3416. What form of leprosy had the wife?—Anæsthetic.

3417. *Dr. Greathead.*] Did the husband have the anæsthetic form also?—No, the mixed form.

3418. Did it come down to the tubercular form in the children?—Some had tubercular and some anæsthetic.

3419. What number in all were affected in this family?—17. This

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case could be very well traced. It occurred in the Malmesbury district, and the family was white.

3420. Do you think the husband contracted the disease from the wife? —It is probable that he got it some years after the wife had it.

3421. Did they sleep in the same bed, use the same food and utensils, and so on?—Yes.

3422. Might not that to a certain extent be a source of error in estimating that it was due to conjugal intercourse only?—Yes, there is that probability. Then there is the case of Kootze Kearns; the father, mother and two children, a son and daughter, all had leprosy in the anæsthetic form. It began in the wife, then the daughter took it, then the son and lastly the husband.

3423. Would these people be living under the same conditions as the last case?—Yes.

3424. Where do they come from?—I do not remember, but it is recorded.

3425. Are any of them on the island now?—That I do not know; they would be there I expect, unless they are dead. Then there is the family tree of Carl Calaghan. In this case there were two tubercular and one anæsthetic, and the disease originated in the aunt; then it missed the father and mother and appeared in two nephews.

3426. *Chairman.*] This tree would not go in support of the heredity idea would it?—No, it would go rather in proof of transmission through family proclivity. Then there is the family tree of Jan Koetze, three cases of anæsthetic leprosy and one tubercular. The first case was the mother, then it appeared in the grandchild, then in the sister, and then in the sister's daughter. This is a peculiar case, there being so many other members of the family not affected at all.

3427. How many members were not affected in this family?—22 cousins nephews and nieces were not affected. Then there is the family tree of Jacobus Gileon, another peculiar case. The disease first appeared in the man who was on the island at the time, and then it spread back through the rest of the family who were living together.

3428. *Dr. Edington.*] That looks more like contagion, does it not?—Distinctly.

3429. What form of leprosy was it?—Tubercular, anæsthetic and mixed. There were ten cases, five tubercular, two anæsthetic, and three mixed.

3430. Do not you think the family tree of Jacobus Gileon not only proves contagion but to a considerable extent opposes the idea of heredity?—I do not see how it opposes the idea of heredity, but it distinctly proves contagion I think.

3431. Does it not seem to upset all idea of heredity?—I think in this particular case the way it travelled does away with the idea of heredity, but you cannot draw any inference generally from this case.

3432. *Dr. Greathead.*] In the case of these families you have noted down, did you actually see the individuals or do you only give the histories? —They are only histories. I have not had an opportunity of seeing the individuals. They can all be traced out, and many of the persons are doubtless living at the present time.

3433. Can you say whether they had different temperaments?—I have no information as to that at all.

3434. *Chairman.*] Did you rely upon the individual himself for the information?—Yes. A good deal of corroborative evidence was got from other patients on the island who knew the families, more especially in the case of the Malmesbury families. I think they were all white people and pretty well-known, so that they could be traced even at the present time. Then there is the family tree of Louis Lotter, which is a very interesting case. The grandfather's father was a Dane who came to this country.

3435. *Dr. Hoffman.*] Had he leprosy when he came to this country? —No.

3436. Did he develope leprosy after he came here?—He never developed leprosy at all. It first occurred in his son, who had tubercular leprosy, and then it spread to his wife, also in the tubercular form, and with regard to the resulting family, out of seven four had leprosy, all in the tubercular form. One of them had a son who was on the island at the time I was there, he also had the tubercular form.

3437. Was there any leprosy in the family of this man when he was in Denmark?—According to what I heard on the island there was none. The family, however, is very well known indeed, and it can be easily traced. It started with the uncle and one father's father and mother's father became affected.

3438. Were they living together?—They were man and wife.

3439. Do you think that goes to disprove the idea of contagion?—No.

3440. You say this was a man living on the island?—Yes.

3441. Have you any evidence to prove that the first person who got the disease here got it direct from someone else?—As far as I recollect, it was entirely unknown how the grandfather acquired it. I am sure the whole history of that family could be easily ascertained.

3442. *Dr. Edington*] Among those family trees you have compiled is there any particular one or more than one that in your opinion distinctly proves heredity as opposed to contagion?—No, not as opposed to contagion.

3443. Is there any tree proving heredity where contagion can entirely be kept out of consideration?—No.

3444. *Chairman.*] Are you of opinion that proclivity to the disease can be lessened by any circumstance, such as being placed in more favourable conditions of life?—I think that the better the general health of the individual is the less the proclivity would be, and I think you can argue in that way from the experience of all contagious diseases.

3445. Would you allow conjugal intercourse between lepers?—No.

3446. Have you any evidence before you to show that the disease has been spread through conjugal intercourse?—I think that the evidence points very strongly that way.

3447. Have you any recorded cases?—Some of the family trees I have referred to, and no doubt there are several more cases on the island which are recorded.

3448. *Dr. Edington.*] Do you mean to infer that in the case of a leper who has cohabited with a healthy woman, leprosy frequently occurs on the other side, or *vice versâ*?—Quite frequently.

3449. Have you any family trees which tend to show that?—Yes; I think of all ways that is the most common in which the disease is spread.

3450. *Chairman.*] Have you any records on the island that would show that?—Yes: I remember distinctly that there are records.

3451. Cases of the devlopment of leprosy through conjugal intercourse between a healthy man and a diseased woman, or *vice versâ*?—Yes. I cannot quite recollect on which side it occurred.

3452. *Dr. Edington.*] Would you interfere with conjugual intercourse between a leper and a non-leper?—In a case where one is a leper and the other not, I should prohibit conjugal intercourse entirely.

3453. And where they are both lepers?—Yes. I think I should prohibit it on account of the children likely to be born: it is best to prevent it.

3454. Is not there a good deal of sterility among lepers; what is your experience?—I have no experience as to that.

3455. Have you read the report of the Indian Leprosy Commission?—No. I think you would find the amount of sterility not so large in this country judging from the tables.

3456. *Dr. Greathead.*] Would you allow women who have passed the

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child-bearing period to cohabit with their husbands if they were both lepers? —Yes; I would.

3457. *Chairman.*] Do you believe there is a period of incubation in leprosy?—Yes.

3458. Have you any special reasons for that?—There is in the first place the analogy in the case of other diseases, and secondly the fact that the disease has made its appearance so very long after the risk of contagion has apparently passed.

3459. Have you any instances on record which would support that view, where there was a distinct period of contagion followed by an arrest of the disease?—I think the best record is the case of married couples where the disease has not appeared for some time after they have been married.

3460. Do you mean the case of a healthy man married to a leper women? —Yes, or *vice versâ.*

3461. Are there any cases on record?—Yes.

3462. The man not knowing that the woman was leprous?—Yes.

3463. *Dr. Edington.*] Can you fix the moment of infection?—No.

3464. *Dr. Hoffman.*] Have you any proof as to the exact period of incubation?—No. Except that the disease has appeared when there was very special exposure to contagion as in the case of married people; the symptoms first arose about two years after.

3465. *Dr. Fismer.*] Does the incubation period ever last more than two years?—Yes, I think there is evidence to prove that in some cases the disease has arisen about six months after the first exposure to contagion.

3466. *Dr. Herman.*] In 1889 was not there a case discovered on Robben Island supposed to be non-leprous; the individual's name was Le Roux, have you any knowledge of that?—No.

3467. That man returned to the island later on as a leper; would that help you to fix the period of incubation?—I remember the case, but not the details.

3468. *Chairman.*] Do you think the period of incubation would vary in different forms of the disease; would you say that there was a shorter period in tubercular cases?—I do not know.

3469. Do you think it is possible to diagnose the disease during the period of incubation in any way?—No, I think not.

3470. It is difficult to diagnose the disease in its early stages, is it not? —Yes. I think where the symptoms only consist of an eruption it would be difficult.

3471. There might be a class of cases which you would call doubtful?—Yes.

3472. What diseases at the early stage might leprosy be taken for possibly?—It might be taken for syphilis.

3473. And any other disease?—Eczema.

3474. *Dr. Herman.*] Do you think that there are long periods when the disease is perfectly dormant and when it may not be recognizable?—I think there are occasionally. I think the eruption may come out and then disappear entirely after perhaps a year, and then it may happen again.

3475. Have you met with any such cases?—Yes.

3476. In that interval it is practically impossible, is it not, to be positive about a patient?—I think so.

3477. Has that occurred in the later stages also of the disease in your experience?—No, as far as I can remember only in the earlier stages, before there was any other symptom but the eruption.

3478. Do you know of any cases where the patient had no symptoms for three or four years and then got ulceration?—I think that has occurred in my experience. I cannot say the exact period.

3479. *Chairman.*] Would there be any risk of these doubtful cases spreading the disease?—I am sure I cannot answer that.

3480. Might there not be some risk from the scaling of the epidermis, although the disease was but very slightly marked?—You would think so.

3481. How would you deal with a doubtful case so as to ascertain its progress, would you trust solely to the medical attendant?—I think it would be better to keep the patient under observation in a special institution for a certain period.

3482. *Dr. Edington.*] Taking into consideration the fact that very often there is considerable difficulty in treating these cases, do not you think in doubtful cases where the matter was brought under the notice of the Colonial Office, the patient should be registered there, so that the particulars might be traced subsequently; would not that be an advantage?—I think that all suspected cases should be kept under observation in that way.

3483. You would be in favour of some form of registration?—Yes; a patient should never be lost sight of if once suspected by a competent medical authority.

3484. Suppose a question were raised 20 years hence, if such a system were started, would it not assist enquiry?—Very much so.

3485. *Chairman.*] Are you acquainted with the present system of segregation?—Yes.

3486. And with the present forms in use?—Yes.

3487. Are you yourself in favour of segregation?—Yes.

3488. Would you modify the present Act at all or alter the present method adopted for segregating lepers?—I think the medical examination of patients should be very much more thorough.

3489. Would you be in favour of a form, such as a clinical card, in which the particulars should be filled in and signed?—A very good model would be the form adopted in lunacy cases.

3490. In doubtful cases would you be in favour of having a receiving house for patients?—I think there ought to be a special institution for the reception of all doubtful cases.

3491. How would you deal with them there?—I would keep them under observation for a certain length of time.

3492. Within what period of time would you call upon the officials to report?—I should think every six months would do.

3493. Who would you call upon to fill in the final report?—I think there should be a special Board of experienced medical men appointed for the purpose.

3494. Would you throw the onus upon them, and have a probationary receiving house?—Yes.

3495. Do you think that such precautions would assist in eradicating the disease?—Yes.

3496. And would they also sufficiently safeguard the liberty of the subject?—Yes, I think so.

3497. Are there any other means besides segregation which might be safely trusted to eradicate the disease?—No. I think not.

3498. Would you adopt any form of isolation at patients' own homes?—I think that for the better class patients some form of isolation at home might be adopted, provided it could be made reasonably safe.

3499. Would you be in favour of isolation being carried out in their own homes under certain conditions?—Yes.

3500. In the case of persons who had the means to pay?—Yes.

3501. Would you take also into consideration the degree of a person's culture in allowing such isolation at home; ignorant persons would not be likely to follow out the regulations would they?—Just so.

3502. Would you have separation of the sexes in the case of isolation at home?—Yes, with the exception of married couples who had passed the child-bearing period.

3503. *Dr. Herman.*] Would you isolate all kinds of cases as you

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suggest, however bad the patient might be?—Yes, I think it would be safe if a patient was of a certain social position and was under proper inspection.

3504. Irrespective of the kind of case?—Yes, or the amount of ulceration.

3505. *Dr. Hoffman.*] And at any period of the disease?—I think so.

3506. *Dr. Herman.*] Would you give special privileges to the cases of anæsthetic leprosy which had lasted a very long period without there being any further evidence of the disease progressing, or would you class them all the same and make no distinctions?—I think that the restrictions need not be quite so stringent in the case of those suffering from the anæsthetic form without any ulceration as in the case of those where ulceration is apparent.

3507. From your experience is there anything that leads you to infer that the one class of case is more contagious than the other?—I should think that where ulceration exists, the risk of contagion is more considerable than where it does not.

3508. In the evidence which you have accumulated on the island have you anything to prove that?—I have no definite evidence to prove it, it is only the impression I have got from general considerations. I have no certain evidence to support it.

3509. Were any children born on the island of leper parents while you were there?—No; none.

3510. Have any facts come to your knowledge as to the development of leprosy in the children or relatives of those who were in contact with tubercular or anæsthetic cases?—Yes.

3511. *Chairman.*] How long were you on Robben Island?—About nine months.

3512. During that time what special duty was allotted to you?—I had complete control of the male leper ward.

3513. Had you cognizance of the whole work on the island while you were there?—Yes.

3514. As regards the male lepers what staff had you?—One attendant only.

3515. How many male lepers were there at that time?—I think there were 81.

3516. Did the whole official duty devolve upon you as medical officer in regard to those 81 lepers with only one attendant?—Yes.

3517. Who did the cooking for those lepers?—It was done in a special kitchen attached to the leper wards.

3518. Did you have any difficulty in maintaining discipline in the ward?—None whatever. If there was any trouble I used to do one of two things, either cut off certain privileges or subject the offender to solitary confinement.

3519. Were there many occasions on which you found it necessary to resort to that?—Yes, a good many.

3520. What was it led to the lepers being troublesome?—Occasionally they would refuse to do something which they had been accustomed to do.

3521. Had you any power to deal with obstreperous cases where patients transgressed the rules?—No, but the Surgeon Superintendent had as Justice of the Peace.

3522. Do you find lepers as a rule very difficult to manage?—No.

3523. What was the principal cause of complaint; was it the food? No; there were very few complaints about the food.

3524. In cases where you thought it necessary for a leper to have a bath and he would not, do you use any other means beyond moral force or persuasion?—None whatever.

3525. Was there any difficulty in getting them to conform to such rules as the use of the bath and cleanliness in the wards?—No, I had no difficulty.

3526. How often were the sleeping wards cleaned?—I think they were

scrubbed entirely once a week. The lepers did the scrubbing themselves on different days.

3527. In the event of a leper saying he was too sick, would you give it to some other leper, or had you other means of getting the work done?—No other means.

3528. Therefore if they declined to do it, you would have to wait for a more convenient day for scrubbing?—Yes.

3529. Had you ever during the time you were on the island any disturbance in the wards on anything like a large scale?—None whatever.

3530. Do you think the management of lepers depends a good deal on the popularity of the medical attendant and the ward attendants?—The discipline to a large extent depends on the popularity of the ward attendant, who comes immediately in contact with the patients.

3531. *Dr. Edington.*] What about the medical official himself?—I think that has much less to do with it.

3532. *Chairman.*] Were you satisfied with the general condition of your ward as regards cleanliness?—Yes, but the nursing was certainly deficient.

3533. Did you consider that you were undermanned?—Yes, as regards nursing.

3534. Who did the nursing for the lepers?—They did a portion of it themselves and the ward attendant used to do a portion also.

3535. Were all the 81 lepers massed in one large ward?—No, there were five I think.

3536. Did those wards have access to each other?—No, they did not.

3537. What power had you at that time to deal with troublesome patients?—I had no legal power whatever except the recommendation to solitary confinement.

3538. Who was the authority to carry that out?—The Surgeon Superintendent.

3539. Were there cells set apart for the purpose?—Yes.

3540. Was it ever enforced while you were there?—On one occasion.

3541. What was it for?—A man absented himself and slept out several nights in succession on the island.

3542. When was that?—Sometime in 1889 or 1890.

3543. *Dr. Edington.*] Was there any constabulary there then?—Yes; in connection with the convict establishment.

3544. How many constables were there?—Half-a-dozen, I think.

3545. Did they come under the control of the medical superintendent?—Yes, as superintendent of the convict station: he held that position as well.

3546. Could they be made use of if occasion required?—Yes.

3547. *Dr. Herman.*] What machinery existed on the island for investigating complaints made by patients?—The complaints were brought before me and I had the right of decision in the matter.

3548. Was there a record kept of complaints, any kind of book?—I do not remember any such book.

3549. Would you recommend some such record in a large establishment?—I would distinctly.

3550. Was there a record kept in your time-book to show the hours of attendance of the doctor and so on?—I kept an official diary in which I put down the times of my visits. I left it there on the island.

3551. Is it kept up now?—I do not know.

3552. Did you enter only your own visits?—Yes.

3553. Not the visits of the superintendent, inspectors, wardsmen, or attendants?—No.

3554. Do you think that some such regulation is necessary?—Yes, distinctly.

3555. Had you any regulations under which you carried on the establishment?—I drew up some regulations myself.

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3556. Were they drawn up by you for your own use?—Yes.

3557. Were there any regulations existing in connection with the establishment at all under which you were required to act?—No, I do not know of any.

3558. Those regulations which you drew up were only binding upon yourself?—Yes, and the wardsmen under my charge.

3559. Were there no regulations drawn up for the direction of patients, and so on?—I drew up some regulations of that nature, stating the meal hours, hours when the dressing had to be done in the morning, hours when the wards had to be swept and scrubbed, bath hours, hours for making the beds, and so on.

3560. Had the one wardsman in your time to supervise all the wards both day and night?—Yes; at night the patients were practically under no supervision at all. Wardsmen were appointed from the lepers themselves, who were responsible for the conduct of their wards in a general sort of way, and they received pay for this.

3561. Do you think they were sufficiently reliable?—I think so. I never found any difficulty.

3562. Were all the wards locked up at night, or were the patients able to get out and roam about?—I do not think they were locked.

3563. Did the patients ever get out at night?—I think there was one case, a man had to go out to the w.c.

3564. *Chairman.*] What you have been speaking about occurred in the year 1890, have you reason to suppose the same condition of things goes on now?—I have no knowledge of what goes on now.

3565. *Dr. Hoffman.*] How many attendants do you think would be a proper number for every 100 lepers, to do the work properly?—I should say four.

3566. *Dr. Herman.*] Do you mean four trained attendants?—Yes; for work in connection with the wards. Three for the day and one for the night would be sufficient for each 100 patients.

3567. Is not the medical work also very onerous and responsible?—Yes, there is a great deal to do.

3568. Do you think the medical staff should also be increased?—I think so.

3569. *Dr. Edington.*] Is it advisable, do you think, that the chief medical superintendent should also be general superintendent on the island, or should his time be devoted entirely to the medical aspect of the work?—I think it would be impossible to separate the administrative and medical functions of the head of the institution. The administrative head of the island must be a medical man.

3570. If there was more medical assistance, might not more work be done in the way of post mortem examinations and so on?—Yes.

3571. *Chairman.*] Why do you consider that the general superintendent of the island should be a medical man?—There are so many details connected with the administration which none but a medical man could judge of fairly.

3572. You think it is interwoven with the whole work of the island in every single department?—I think so distinctly.

3573. With reference to the conditions of the island as affecting the general health of the patients, did you consider it a suitable place?—I did.

3574. From your actual observation do you think that the lepers improve when they come to the island, and if so, do you attribute it to the diet or the climate?—I would not attribute it to the climate. Any improvement I should say would be the result of better hygienic surroundings.

3575. Do you see anything objectionable in the island with regard to climate or soil?—No, nothing.

3576. Was there much eye disease on the island in your time?—No: except what is associated with leprosy.

3577. Did you receive any complaints from the patients as to the glare from the sand or the unpleasantness of the wind?—No, I did not.

3578. Did the patients complain at all to you of the meteorological conditions of the island?—No, not particularly.

3579. Did they complain to you of the cold?—Very much, especially in winter, when the northerly winds prevailed. That was a special point I remember.

3580. *Dr. Hoffman.*] Do not you think that more might be done in the way of tree-planting on the island?—I think it would be a very good thing if more could be done, but I doubt very much whether it is possible; there is so little depth of soil.

3581. What more do you think can be done to provide occupation and amusement for the patients?—I do not know what is done at present, but as much as possible should be done in that way.

3582. *Dr. Herman.*] Do not the patients complain of being confined all day to their wards, owing to the heat and the dust in summer and the cold in winter: was that a very great hardship in your time?—Yes: it would be a good thing to have some kind of protected and covered yard where they could take exercise.

3583. *Dr. Edington.*] In your time the male leper ward was in the village itself, was it not?—Yes.

3584. Have you seen the wards lately?—Yes.

3585. Do you think they are more exposed now than they were previously?—I could not say. I do not see how they can be worse than before. They would be the first buildings to feel the force of the north-west wind, which is a cold wind.

3586. *Dr. Hoffman.*] Are not the corrugated iron buildings lined with wood very hot?—They are very hot in summer and cold in winter.

3587. *Chairman.*] Is there any particular feature in the climate of the island which you consider prejudicial to the health of the lepers?—No. I think not; the only difficulty is the cold.

3588. Had you any pulmonary complaints on the island, attributable to the climate?—No.

3589. You are aware that some of the lepers come from high parts of the country, the Free State for instance; do you think the climate of the island would be prejudicial to them?—I think very likely for a year or two they would feel it a good deal, but they get acclimatized eventually.

3590. *Dr. Hoffman.*] On the whole you do not think it is a bad climate for lepers?—No.

3591. Is the temperature fairly equable?—Yes.

3592. Are there any very decided changes from heat to cold and *vice versa*?—No; sudden changes are not common.

3593. *Dr. Greathead.*]—Some of the patients complain of a heavy mist hanging over the island at certain times of the year; is that so?—Yes, that does occur, but it is not at all frequent.

3594. Does it last for a week at a time?—No; I do not think it happens more than once in two months or so.

3595. As to the situation of the wards, do you think they are in the most favourable position on the island?—As far as I can recollect they are.

3596. Do you think they are too near the sea?—No.

3597. *Dr. Hoffman.*] Is the water supply sufficient for all purposes?—That I do not know. The population of the island has more than doubled itself since I was there.

3598. *Dr. Greathead.*] Have you any suggestion to make for sheltering the unfortunate patients on windy days: would you recommend that some kind of shed be put up?—Verandahs, I think, would answer the purpose and afford them a place for walking about in.

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3599. *Chairman.*] During the time you were on the island were the female lepers segregated from the males?—Yes, there were entirely distinct institutions, and the area where they were allowed to roam about was separate.

3600. Do you know how it is carried on now?—No.

3601. Have you any evidence before you to show that at that time the female lepers were more troublesome than the males?—Yes, I believe they were.

3602. Do you know if there were any disturbances?—Yes. I remember one distinctly.

3603. As a matter of fact, visitors have free access to the island on certain days, so that segregation is not practically carried out, is it?—No.

3604. Are visitors allowed to see the patients in different parts of the island?—In my time that was not allowed, visitors had to see their friends in the wards and nowhere else.

3605. Do you know what system prevails now?—No.

3606. *Dr. Greathead.*] Have you any suggestion to make with regard to dividing the lepers; is it a good plan and safe to allow so many lepers to be associated together; suppose there was any serious excitement or disturbance?—I think there would be a distinct risk in the case of any excitement if the number of patients became very large, and unless a sufficient force of officials was kept there to prevent any disturbance.

3607. *Dr. Hoffman.*] Do you think it is at all likely that by bringing together different forms of leprosy, a person infected with one form may get another form?—No; I do not think that is at all likely.

3608. Is it at all likely that leprosy may be intensified by having a large number of lepers brought together in one spot, in other words, that the bacillus may be multiplied to a greater extent than would be the case if the lepers were scattered about over a large area?—I do not think that can make any difference. I think the severe cases should be separated from those less severe. It would be much pleasanter, for instance, for those suffering from ulcerations to be placed together in the same ward, more in the nature of a hospital ward, with a larger amount of nursing, unless they have sores or are acutely ill.

3609. *Chairman.*] Can you suggest any further means for ameliorating the condition of the lepers on Robben Island except those you have referred to?—I will send in a memorandum.

3610. *Dr Herman.*] Have you had any experience of leprosy in the Free State?—I have seen a good many lepers there.

3611. Have you any knowledge of the legislation in force there?—No detailed knowledge of it. I have examined lepers for the Government of the Free State and certified them.

Dr. *P. E. Todd.*

Dr. P. E. Todd examined.

3612. *Chairman.*] What is your official title?—Assistant Medical Officer on Robben Island.

3613. How long have you been there?—Since the 5th of January, 1893.

3614. What special part of the establishment have you had under your immediate charge?—From the 5th of January, 1893, until the 1st of November, I had sole medical charge of all the male lepers, and from that date Dr. Impey took charge of one ward until February 6th last, when he took charge of the whole of the male lepers. I have had medical charge of the female lepers during the whole period, with the exception of from the 5th of May until the 31st of May, 1893.

3615. You had charge of all the male lepers at first, had you not?—Yes; practically I had medical charge of the whole leper establishment except one ward till the 6th of February last.

3616. At any time are you liable to have your duties apportioned to you, either the male or female wards?—Yes, it appears so. Putting on one side my own feelings on this matter, this liability to be shifted from one establishment

to another is the cause of considerable discontent among the patients; it causes numerous hitches and complaints and destroys the very little authority the medical officer has in the wards at any time under the present arrangements.

3617. Was there any special reason for making the alteration you have referred to?—In May, 1893, the matron wished to resign from the female lepers, and Dr. Impey had an idea that there were many complaints and that if he took charge of the ward for a time he might prevail on the matron to stay, but she resigned and left at the end of the month and then I resumed duty. Dr. Impey also took over one of the male leper wards for the purpose of studying leprosy, and he kept that one ward till February 6th, when he stated that the lepers had certain complaints, and then he took over the whole of the male leper wards from February 6th this year.

3618. What have you now under your charge?—The female lepers and the female lunatics.

3619. What is the number of female lepers?—210.

3620. What staff have you?—I have a matron and an assistant, both white, and non lepers. Then in each ward there are two assistant nurses and one nurse (leper woman) to do the dressings, attend to the cleanliness of the place, and perform certain minor duties, such as bringing food and so on.

3621. Are you dependent on that staff for the discipline of the ward?—Yes.

3622. Do you find any difficulty in carrying out the work with such a small staff?—Yes; it is not sufficient; I speak of the white attendants.

3623. You have two women assistants and one medical officer, I understand?—Yes.

3624. Is one medical officer sufficient?—Yes, for the female lepers.

3625. How many attendants do you consider there should be for every 100 patients?—It would entirely depend on the amount of discipline maintained.

3626. Do you regard the present conditions favourable to the maintenance of discipline?—No, it is very difficult to enforce discipline with only two attendants.

3627. How are the wards cleansed?—They are scrubbed by the male convicts.

3628. Are they scrubbed on stated days and at stated hours?—Yes.

3629. As regards the other details, such as dressing the patients' wounds, who does that?—The dressing is done by the leper women engaged as nurses and nurses' assistants.

3630. In the event of the female lepers declining to do the work, how do you manage; are not you often put to some inconvenience?—They never have declined. By tact and treating them kindly they have been managed: that is the only way to manage either male or female lepers.

3631. You depend then to a great extent entirely upon moral management?—Yes.

3632. Have you at present any special set of rules or regulations that govern the management of the patients in their wards?—No, there are no rules or regulations drawn up and approved, except such as are enforced by the medical officers in charge at the time.

3633. Is there any Act governing the administration of the island?—Not to my knowledge.

3634. How do you deal with troublesome cases?—They must be dealt with under the ordinary Police Offences Act.

3635. Have you any system of books in connection with the ward recording the hours of the visits of the medical attendants?—No. The prescription book would show when the establishments were visited, and there is a night attendance book signed by the medical officer when he visits the wards, besides my own official journal showing the hours I was at the wards.

3636. *Dr. Greathead.*] Is there any instruction to the medical officers with regard to the frequency of their visits?—No. There is a book of rules

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for the institution, which lays down that the medical officer is to visit his patients at least once a day and oftener if necessary. I do not know that this list of rules has ever been approved by the Government. They are certainly not carried out, and are practically obsolete.

3637. Is there any special evening visit entered?—No.

3638. You mentioned that the scrubbing was done by the male convicts; who superintends them?—One of the constables.

3639. Is he able to keep an eye on all the different wards?—They only scrub one ward at a time.

3640. How often are the wards scrubbed?—Once a week every ward is scrubbed, that is the female wards.

3641. *Dr. Hoffman.*] How often do the patients get clean sheets and bedding?—Once a week.

3642. *Dr. Herman.*] Are the female lepers in a large compound?—Yes.

3643. What is the size, more or less?—I cannot say exactly, about 4½ acres roughly speaking.

3644. How many wards are there in the compound?—Eight at present.

3645. How many patients are there altogether?—210.

3646. Is that including the outside paying patients?—Yes.

3647. You are not including all the inhabitants?—No, they are all patients.

3648. How many healthy inmates are there?—The matron and the assistant matron.

3649. Are there any healthy children?—Yes, there are 13 healthly children; Mrs. L * * * has two children; one is a suspicious case, but it is included in the 13.

3650. Altogether how many inmates are there?—223.

3651. How many kitchens are there?—One general kitchen and one kitchen for whites.

3652. Has each ward a separate kitchen?—No, the white ward has a separate kitchen.

3653. Is there any cooking going on in the coloured kitchen for white patients?—The white ward has a separate kitchen and there is one for all the other wards.

3654. And one lavatory and bathroom?—Yes.

3655. Is the same bath accommodation provided for both coloured and white patients?— Yes, there is a zinc bath for every patient in the wards.

3656. Is there hot and cold water laid on?—Yes.

3657. Is the washing of the female patients' clothes carried out in the compound?—Some of the clothes are sent to the steam laundry to be washed by the males, the rest are washed by the females themselves.

3658. There has been a complaint that the women's clothes are washed so badly by the males; is there any ground for that?—Yes, I have seen the things returned not clean.

3659. *Dr. Edington.*] What class of things were sent to be washed by the males?—Formerly everything was sent.

3660. What is sent now?—Principally the bedding. The women object to send their personal apparel.

3661. Have they proper accommodation for doing the washing in their own wards?—Yes. I recommended that a washing floor should be made at one corner, as formerly they washed all over the compound; that work is just finished.

3662. *Dr. Hoffman.*] Is there an ample water supply for all sanitary purposes?—No. The matron has just been complaining very much lately about the supply of water at the female wards, and she has been directed to write to the water bailiff direct. I cannot give you any definite information as to how many days she has been without water.

3663. *Dr. Herman.*] How is the water conveyed?—In casks and tanks from the rainwater tanks; the well water is unfit for use.

3664. Does the drinking water come from Cape Town?—Yes, and some of it comes from the rainwater tanks.

3665. *Chairman.*] With regard to the washing of the women's clothes, are all the women capable of washing their own clothes?—No; but those who are not capable pay something.

3666. How do they get the money?—Sometimes their friends give them money. The matron has also done so at times; some of the lepers do it for nothing, just out of friendship.

3667. I understand that the system of washing for the women is defective. In the first place it is badly done by the men; then sometimes the women do it for themselves, and those who have lost their hands and cannot wash, have to find the money to get their washing done?—Yes. The washing has been badly done at the male leper laundry. There is sufficient accommodation to do it if the females would send their things, but that they have objected to.

3668. *Dr. Greathead.*] In the case of those who cannot pay and who are too ill to wash for themselves, how is the washing done?—I think they have always found others willing to help them; the women help each other more than the men, and there is a much better feeling among them. I do not think there has been any complaint that they have actually had to do without their clothes being washed, but no doubt women would not care about having their things washed by men; it is not a pleasant thing.

3669. *Dr. Herman.*] Could not the laundry be set apart on certain days for the women to go and wash their things?—I believe that it takes the male lepers all their time to wash their own clothes. I have never visited the laundry, but I have seen the men working there. The women prefer to wash their things on a flat stone, and they persistently refuse to use the wash-house.

3670. You say that you have had a place properly constructed for washing?—Yes, it was made on my advice.

3671. *Dr. Greathead.*] Some of the women have complained about not having sufficient soap; they could not wash their clothes satisfactorily; is that so?—That is an old complaint, I have heard it before. It was referred to the office, and they said there that the women were getting an inordinate supply of soap, I have myself no authority in the matter.

3672. Is a definite quantity of soap allowed to each individual?—It is supplied by the chief clerk. I have nothing to do with it, and I cannot say what quantity is issued. The women have complained about it and the matter was brought before the superintendent, but to the best of my belief it was considered to be sufficient. That complaint that they had not sufficient soap was made a year ago.

3673. Do you think that a better arrangement for washing the clothing generally might be made on the island?—I think the washing floor will meet all requirements, and that they are better satisfied than if you built them a steam laundry; they are not used to it.

3674. What arrangements are there for drying the clothes?—There are poles with wire stretched across.

3675. In the winter there is a good deal of rain, do they ever suffer from not being able to dry their clothes?—I never heard any complaint of that nature.

3676. *Dr. Hoffman.*] Do you think anything can be done to make the island a more pleasant abode for the lepers in the way of tree-planting?—I do not think tree-planting has been a success; the soil is very sandy.

3677. Are there not some trees growing?—Yes, but the wind interferes a good deal with the growth of trees.

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3678. *Dr. Edington.*] Do the rabbits at all interfere with tree-planting? —I cannot speak from experience. The trees that the rabbits are said to have interfered with were all dead before I went to the island.

3679. *Dr. Hoffman.*] The patients complain of want of shelter from the sun and wind; do you think anything can be done to remedy that?—I am afraid that tree-planting will not be a success, the soil is very sandy.

3680. Would you propose anything else as a shelter for the patients? —The only thing would be some covered walk.

3681. *Dr. Edington.*] Have you seen the plantations of wattles on the Cape flats?—Yes.

3682. Is there any reason to suppose that these could not be got to grow on Robben Island?—I do not know the soil on the flats, but I believe there is a considerable amount of water there.

3683. *Dr. Hoffman.*] Have you wells on Robben Island?—Yes.

3684. Is it fresh water?—I have analysed the water in both the wells several times and it is unfit for drinking purposes. From the amount of ammonia, nitrates, and chlorides I should imagine that there was organic contamination.

3685. Could not a little more be done for the amusement of the lepers; they seem to have no amusement whatever?—I have tried to do what I could. The constables have given concerts and there have been Kafir dances, but among the men the concerts have been a failure; they have not cared to attend. Games have been sent over by friends, but they are soon broken and last a very short time. The men do not take much interest in them.

3686. *Chairman.*] Do you attribute that to the social condition of the men, or does the disease render them apathetic?—Their great desire is to go home, and they do not seem to care for anything.

3687. *Dr. Herman.*] With regard to the female wards, do you find any particular difficulty in their management on account of the proximity of the compound to the male leper wards?—No. When I was in charge of the male leper wards, the men were allowed to visit their friends among the leper women once a week in the day room, under the supervision of the matron; the matron was in the ward the whole time, and there was not a single complaint. I am unable to say what regulations are in force at present.

3688. Would you recommend that the female part of the leper establishment should be removed altogether from the male part and taken to the mainland?—I could not recommend that alone.

3689. Do you think the present arrangement of the wards in the compound is a good one?—Some of the wards are old, and two of them are low and badly ventilated. They are the old female leper wards that have been built on to from time to time. I have nothing to do with the arrangement of the wards; that is done by the Superintendent; he takes charge of the works department.

3690. Would you recommend that the plan of the establishment should be improved or altered in any way?—I think it would be very difficult to alter the existing plan.

3691. In your opinion are the wards sufficiently ventilated?—Not for the number of patients we have there at present.

3692. What is the amount of floor space allowed to the different beds in the various wards?—I am unable to give you the floor space just now, but I should say that the wards were certainly very much overcrowded.

3693. Do you notice the atmosphere at all offensive at times?—Yes, particularly so in the women's wards: the women are less out of their wards than the men.

3694. Has any attempt been made to ventilate the wards systematically by the ward attendant going round to open the windows?—Yes, frequently.

3695. Is that the only means that you have for ventilation?—Yes, except the uptakes through the roof, but the principal ventilation is through the windows.

3696. *Dr. Greathead.*] Have you found much difficulty in keeping the windows open: do not the patients object?—The natives object sometimes. After the matron has given orders to have the windows opened, I frequently go round and find them shut.

3697. Cannot you lock them open in any way?—That might be done.

3698. *Dr. Herman.*] Would that be possible with the present ward accommodation; many of the beds are placed under the windows, and the patients might object to have the windows kept open for any length of time, might they not?—Yes; the windows should be kept open when the patients are not in the wards. The female patients are more in the wards than the men. The men also have the run of the island, while the women live in a small compound, and rarely leave their wards.

3699. I suppose there are some sick and delicate lepers, are there not?—Yes, there is no hospital attached to the female ward. The matron visits personally each sick case.

3700. Who supervises the ward attendants at night?—The last time that the matron visits the patients is at about half-past nine or ten o'clock.

3701. Can the matron visit two or more patients if they are sick in different wards?—She does her best.

3702. Do you think the number of attendants needs to be very much increased?—Yes; two can hardly do the work in the female wards.

3703. How many attendants would you recommend there should be for each ward?—I would say two more white nurses for day work, and two white nurses for night work, four in all, for all the wards. There is one night watchman in the male ward, a healthy man.

3704. Do you think the present scanty number of attendants makes it difficult to enforce discipline?—No; the matron and the nurse have managed the patients with a great deal of tact, and consequently there has been no breach of discipline.

3705. *Dr. Edington.*] Have you no hospital at the female asylum?—No.

3706. How do you do in cases where patients require more attention, where there is erysipelas for instance?—I have attempted to move the patients into a special ward, but they simply refuse to be moved and there is nothing to force them.

3707. Is there only one hospital on the island?—Yes: for the lepers, that is on the male side.

3708. *Dr. Hoffman.*] So that practically the dying patients are mixed up with those who are comparatively speaking well?—Yes; they refuse to be moved from their friends, and there is no means of compelling them to go.

3709. *Dr. Herman.*] Is the occurrence of erysipelas frequent in the wards?—Yes, in all the wards.

3710. Do you think it is one part of the usual symptoms of leprosy, or is it due to overcrowding?—I believe it is one of the symptoms.

3711. You do not think it is due to overcrowding?—No.

3712. Is it likely to spread after it has broken out?—A little. It lasts a certain time, and then it dies out again.

3713. Is it not less likely to occur in a large, well-ventilated ward?—I believe, whether it is erysipelas or simply one of the symptoms of the disease, it occurs fairly frequently and would occur anywhere. It is a moot point as to whether it is erysipelas.

3714. *Dr. Hoffman.*] Have you epidemics of erysipelas?—Yes, sometimes. It is a moot point if it is erysipelas.

3715. *Dr. Herman.*] Has that any connection with the impure atmosphere in the wards?—No; sometimes it occurs in those rooms where there are fewer persons.

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3716. *Chairman.*] With regard to cooking, how is that carried on at present?—The lepers cook.

3717. Are they paid for it?—Yes.

3718. Do they cook at certain intervals or are they allowed to cook at any time during the day?—At certain intervals: breakfast, dinner, and tea.

3719. Are the rations served out at stated hours?—Yes, by the matron.

3720. Can the patients cook for themselves at any time or must they all take their meals at stated times?—There is a regular time, but the patients are continually cooking things for themselves outside in the compound.

3721. Are they allowed to do that at any time?—Yes.

3722. With reference to the provisions, has there been any difficulty at any time with the meat; does it ever turn bad?—Yes.

3723. In summer or winter?—The beef ration has been several times reported as bad.

3724. What do you attribute that to, is it due to the quality of the meat?—In one case it was diseased meat.

3725. Is there any inspection of the meat when it arrives on the island?—Not to my knowledge.

3726. Is there no inspection of the meat till it is absolutely cut up, and served out?—When the meat arrived in the kitchens, it was my practice in the male wards to see it before and after it was cut up, and I frequently inspected the rations.

3727. Are the rations inspected daily by anybody in authority, other the medical officer or the ward attendant?—They are inspected by Mr. Fitch, the superintendent of the lepers, daily, and also by the matron.

3728. Have you often found the meat bad?—I should say that within the last thirteen months I have reported six or eight times.

3729. Is that solely in the female wards?—In both the male and female.

3730. With reference to the landing of the meat and so on, can we obtain those particulars from Mr. Fitch?—The meat when landed from the steamer first goes to the butcher's shop, which is under the supervision of the chief clerk, Mr. Gower.

3731. Are vegetables brought over to the island in the same manner?—Yes.

3732. Is there anything to complain of in regard to the vegetables, so far as you know?—No, the vegetables have been good.

3733. What class of vegetables do they get?—Potatoes, cabbage, parsnips, carrots, turnips, beans, and peas.

3734. Are they allowed any fruit?—There is no regular supply of fruit.

3735. With reference to the cooking, is that fairly good?—Yes. I have frequently inspected it two or three times a week in both the male and female wards, and the cooking is of a very fair standard.

3736. Is it as good a standard as these people are accustomed to in their own homes?—Much better.

3737. Is the food supplied generally, from your observation, quite as good as they would be likely to get at their own homes?—Quite as good.

3738. Is that supplied to the paying patients equally good and plentiful?—They draw a different ration, but it is quite as good.

3739. Is there a regular diet scale or ration-list for the apportionment of the food?—There is a ration-list showing the rations issued for each day in the week.

3740. Is there also a full diet list for each individual?—Yes, showing the amount that each individual should have.

3741. Are the different rations bulked together and cooked for each ward separately?—Yes.

3742. Is there a separate cook for each ward?—There are two white cooks non-lepers and two leper assistants for the coloured male leper wards,

one cook for the white male leper wards, and for the female leper wards three cooks and three kitchen helpers.

3743. Is that supply of cooks enough for the work?—Yes.

3744. Do they ever complain of having too much cooking to do?—No.

3745. From your observation is the quality of the tea and coffee good?—The coffee is better than the tea. The tea has not been sufficient in quantity, it might be a little stronger.

3746. Do the patients prefer coffee?—Yes, as a rule.

3747. Is the quality of the sugar good?—Yes, the sugar is good from what I have seen in the wards.

3748. Do the patients get any fat or butter?—They do not get butter unless it is ordered by the medical officer.

3749. Is there any allowance of fat in the food?—No, not specially.

3750. Do you think they get enough fat considering their condition?—The meat has certainly not been fat lately.

3751. Do you think the supply of food which each individual leper gets in scarce in quantity or plentiful?—I consider that an increase might be made in the quantity of meat allowed. They make no allowance for bone at present. I think 2 oz. of meat more might be allowed.

3752. What do they get now?—I am not quite sure, but you will find it in the scale. I have inspected the food very frequently, and I think there seems to be an over proportion of bone.

3753. Would you suggest an increase of fat in the diet?—Yes, I think it would be an improvement.

3754. Would you suggest that in view of the complaint they suffer from?—Yes. Fat would be an improvement in the diet scale in view of the disease.

3755. *Dr. Hoffman.*] Is the bread of good quality?—Yes, very good.

3756. *Dr. Herman.*] Do the patients get soup?—Yes. The soup is very good. They get it every day.

3757. How is the meat prepared?—Sometimes it is roasted, sometimes it is made into a pie, sometimes there is Irish stew or curry, and sometimes the meat is boiled.

3758. Do you think there is sufficient variety?—I think so. If the diet scale as laid down is adhered to, there is certainly sufficient variety.

3759. *Dr. Hoffman.*] Are potatoes ever used in making the bread?—I do not think so. The bread is the best I have ever tasted. The lepers are supplied with the same kind of bread that I receive.

3760. Does it ever turn sour?—No, there is new bread every day, or it is not more than a day old. It is baked on the island and served out to the officers of the establishment and the patients alike, the patients get the same meat, bread, and vegetables as we do.

3761. *Dr. Herman.*] You have no reason to complain of the bread?—No, it is most excellent.

3762. *Dr Greathead.*] Do the patients keep over any of their food for supper?—They often do.

3763. Where do they keep it, have they special cupboards?—They have small lockers alongside their beds, and they put it in there. There is also a room being fitted, I believe, with lockers all round, and each individual will have his own.

3764. *Dr. Herman.*] Is the food issued in the day ward?—Yes.

3765. It is not brought into the bedrooms is it?—No.

3766. Are the lepers cleanly in their habits?—The wards vary very much, some wards are very clean and others are dirty.

3767. Is the kitchen kept clean?—The male lepers' kitchen is inside very clean, I have asked several times to have the female lepers' kitchen whitewashed and repaired. At present one of the boilers is cracked and it leaks and is useless. The place is sadly in want also of whitewash and general repair.

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3768. Is it owing to the faulty construction of the boiler or the habits of the cook?—The boiler is burnt through and is quite usless. In the male ward there are two healthy white cooks, and they keep the place very clean.

3769. Are there any special difficulties to prevent the wards being equally clean in all instances?—I have endeavoured in both the male and female wards to put the dirty patients at one end and the clean patients at the other. It is better to have all the dirty patients together.

3770. Practically, if you had no attendants in the female wards and you had to rely upon the patients to clean their own wards, there would be great difficulty, would there not?—The convicts clean out the female wards. Each ward is cleaned out once a week. The matron goes round at 5·30 a.m. and frequently during the day, and sees that the wards are clean and kept clean.

3771. Are they supposed to be kept clean by the patients themselves? —Yes.

3772. Is there considerable difficulty in getting the patients to do as you wish them?—Very rarely, and difficulties are tided over with kindness and tact.

3773. *Chairman.*] I understand that the food is of good quality?—Yes.

3774. And sufficient, with the exception you have mentioned?—Yes. I should like to state that I have nothing whatever to do with the administrative part of the work on the island nor do I know of it except in the absence of Dr. Impey. I only refer in my answers to my knowledge, so far as it goes, of affairs and of patients under my medical charge.

3775. With reference to the female lepers, are they segregated sufficiently in your opinion, do the women ever get out?—Not to my knowledge.

3776. How are they exercised?—The matron takes them out for a walk almost every afternoon.

3777. And they are under her supervision?—Yes.

3778. Is there anything to prevent the women getting out at night?—There are three constables on duty outside the fence, from six o'clock in the evening until six in the morning.

3779. What constables are they?—They are specially engaged for the work.

3780. Can the women walk about in the compound during the night if they wish?—Yes.

3781. Have you known of any cases where women have been out all night?—No; not to my knowledge.

3782. *Dr. Herman.*] What steps are taken to look after the constables; are they quite reliable?—They are not under my supervision. I do not know if they are visited.

3783. *Dr. Dodds.*] Have the constables the key of the gate?—No; the matron has the key.

3784. *Chairman.*] Is it possible for the men or women to climb the fence?—I could hardly say; no doubt it is possible.

3785. *Dr. Herman.*] Have they ever done so?—When I first went to the island, I believe three men climbed over the fence or got underneath.

3786. *Chairman.*] We have it in evidence that the sexual instinct with the female lepers increases; is that so from your knowledge?—I do not think so.

3787. Have there been any children born in the leper wards?—Yes; since I have been there there have been four births. The women came to the island pregnant.

3788. Have any children been born of leper women apart from those you speak of?—Not in my time.

3789. Have there been any abortions or miscarriages?—No; not to my knowledge.

3790. Have you any reason to suspect that there is clandestine intercourse between the males and the females?—No.

3791. Have there been any complaints on the island during the time you have been there, I refer to the female leper wards?—Yes; in May, 1893, two female lepers complained to the Colonal Office that I spoke roughly to them.

3792. Did that give rise to any disturbance?—No. The letter was referred to the island and enquiries were made, but it was ascertained that there was no foundation for the statement.

3793. Have there been any disturbances or any friction among the officials themselves?—When the old matron, Mrs Pavel, left at the end of May last year, there was some difficulty in getting the patients who worked to continue to do so.

3794. For what reason?—It seems that the new matron was new to the work. She had been engaged in the washing room at the lunatic asylum, and was promoted from that to be matron, and the lepers did not know anything about her. The friction, however, wore off in a very short time, and in a day or two things settled down.

3795. As regards the position of the medical attendants at the leper wards, do you consider that you are fully manned?—No, if existing conditions are to be continued. All the lepers, however, do not require medical attendance, only a small percentage of them require to be visited. I see them all each day, but as a matter of fact only a small number want my assistance.

3796. During the time you were in charge of the male leper wards, was there at any time any difficulty in carrying on the work?—I never had any so long as I worked alone.

3797. Was there any disturbance between the lepers and the attendants?—They have complained in No. 4 pavilion that the attendant did not see that the rations were equally distributed. I called Mr. Fitch's attention to the matter, and I visited the ward at meal times myself for a short time.

3798. Was the attendant a white man?—Yes, not a leper.

3799. Do you consider that the male leper wards are sufficiently officered both as regards medical attendants and ward attendants?—They are better officered as far as attendants go than the female leper wards. Each male leper ward has a white attendant. I have a list showing the number of men engaged as follows:—

SUPERINTENDENT OF LEPERS—W. A. FITCH.

(List of White Attendants and Coloured Workers).

Male Wards.

Number of Pavilion.	Names of White Attendants.	Names and Duty of Coloured Workers. Lepers.	Number of Persons they Oversee.
No. 1	G. Mowbray and F. Gibbs	*Ward Assistants*, 2. Schryn, D. Jantjes. *Scullerymen*, 2. C. August, B. Samuel. *Dressers*, 6. A. Rudolf, C. Lawak, P. Jaars, H. Groenburg, P. Peters, A. Wymers.	46
No. 2	A. Nenner	*Ward Assistants*, 4. Jerry, Isaac, Gert, Coetzee.	52
No. 3	J. W. Dewhurst	*Sanitary Work.* Haasch.	22
1 Cottage	W. Straiton, oversees, and attends to one leper lunatic.	*Dresser.* J. Morkel.	1

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Number of Pavilion.	Names of White Attendants.	Names and Duty of Coloured Workers. Lepers.	Number of Persons they oversee.
	J. G. Marshall, cook to white lepers' ward.	*Sculleryman.* Venter.	
No. 4	W. Hurford.	*Ward Assistants*, 6. A. Pekoli, Motoli, Tom, Manana, Barni, Tank.	78
No. 5	E. Smith.	*Ward Assistants*, 6. Jurgens, Trikie, Kaff, John Avontuur, Jonas Avontuur, Outong.	62
No. 6	W. Ransdale.	*Ward Assistants*, 6. Faro, Adrian, Adonis, Japtha, Cloete, Soloman.	65
Kitchen	W. House, 1st cook; J. Marshall, 2nd cook.	*Vegetable Boy*, F. Goliath; *Sculleryman*, A. May.	

3800. What is that taken from?—From the pay sheet.

3801. *Dr. Herman.*] Can you supply similar particulars for the female leper wards?—Yes. In the female leper wards the nurses, with the exception of the matron and her assistant, are lepers.

MATRON OF LEPERS—MRS. DILL. NURSE—MRS. WILSON.

Female Wards.

No. of Ward.	Names and Duty of Coloured Leper Workers.	Number in Ward.
1	*Night nurse*, I. Carolus.	9 lunatic lepers
2	*Nurse*, K. Arendse; *Assistants*, T. Kleinbooi, G. Kamfer.	22
3	*Nurse*, L. Paulsen; *Assistants*, J. Mei, M. Davids.	35
4	*Nurse*, A. Arendse; *Assistants*, J. Dietloff, J. Petersen, A. Davids, S. Jolly.	43
5	*Nurse*, Eva Poles; *Assistants*, I. Jonas, A. Magerman, B. Rosella, M. Scaineck.	52
6	*Nurse*, M. Williams; *Assistants*, M'shumi, A. Armoed.	30
7	*Nurse*, Mrs. Nagel; *Assistants*, Eliz. Apple, Filda Groenburg.	14 White Ward.
8	*Nurse*, R. Rogers; *Assistants*, L. Mentor.	15
Paying Patient.	*Attendant*, Annie.	3
	Gate Porter, L. Jones.	
	Cooks, C. van Wyk, Susan Williams.	
	Cooks' Assistants, R. Maederman, A. Davids, J. Simpson.	
	Sanitary, J. van Wyk.	

3802. Where the attendants are patients, are they pretty strong and able-bodied?—Yes, they are chosen for that purpose.

3803. Is it a fact that in the white female wards there is an attendant who is sickly and not capable of attending to her duties thoroughly?—I think it is quite the reverse, she is one of the strongest of the lot.

3804. She is not at all incapacitated for the performance of her duties?—No, not at all.

3805. *Dr. Greathead.*] Have you any idea what number of patients could come together in case of an uproar on the island; men and women?—I should say 200 men and 100 women.

3806. If they used sticks or stones might they become a source of danger to the inhabitants on the island?—Certainly they might, if they were so disposed.

3807. Should not something be done in order to avoid any risk of that kind?—I think such a risk might occur, but with management and tact it is not likely.

3808. *Dr. Dodds.*] Have they ever threatened you?—Never.

3809. *Dr. Herman.*] Have they ever threatened Dr. Impey?—Yes, I have heard so, several times.

3810. Did they not threaten to burn down his house?—I never heard them make that threat, but I told the Under Colonial Secretary once that I believed they might attack Dr. Impey personally.

3811. You think that there is some such danger?—Yes.

3812. Have they threatened the matron or any of the attendants in the same way?—Never to my personal knowledge.

3813. The day that the Commission visited the island the matron was assaulted; is that the first time such a thing has occurred?—Yes. The patients are very fond of her; they told me themselves that they had always obeyed me, but that that day they would not, as they believed that the Commission would decide that day if they could go home.

3814. Is there a good feeling generally between the patients and the attendants and the staff generally?—Yes. Very good in both male and female wards.

3815. *Dr. Edington.*] I believe that during a recent disturbance, one of the constables was bitten in the arm by a leper patient; is that so?—I cannot speak to the fact as I was not present. I attended the constable afterwards and he said he had been bitten.

3816. Did you see the bite?—Yes.

3817. Was it anything serious?—No; simply an abrasion.

3818. *Chairman.*] Was the bite through the man's clothes?—No; it was in his hand.

3819. Have you got his name recorded?—Yes, his name was Dixon.

3820. *Dr. Herman.*] Is there any record kept of complaints on the part of the patients to the superintendent?—I am unable to answer that.

3821. Is it not within your knowledge; you have acted some time?—So far as I am aware, there is no such record.

3822. *Dr. Greathead.*] Is any book kept in which daily occurrences are noted down?—There is my own journal.

3823. Is that open to the inspection of the Commission?—It is an official journal and open to the Commission. It is a record of my daily movements, the hours when I visit the different wards and the hours I am engaged during the day.

3824. Do you note down anything unusual that may occur during the day?—If anything unusual occurred I should note it down, if it came within my own observation.

3825. Are those your instructions?—Yes. I have to keep a journal of my daily movements.

3826. *Dr. Herman.*] Do you keep a case book?—I have seen all the patients that have been on the island for the last thirteen months, and I have taken some details of all of them. It is not a full case book in the medical sense of the term, but there are facts about every case.

3827. Would it not be a great advantage to the patients and to the institution generally if each medical officer were given more time and scope for clinical observations and scientific work?—I should be very glad if we could have more time.

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3828. Is there a post mortem house?—Yes.

3829. And a mortuary?—Yes.

3830. Do you perform post mortem examinations?—I have performed two on lepers since I have been on the island.

3831. *Dr. Edington.*] Out of how many deaths is that?—122 up to date.

3832. You do not make a post mortem examination in every case where a leper dies?—No, it would be impossible.

3833. *Dr. Greathead.*] Are the men and women allowed to associate much on the island?—The men are allowed to go to the outside of the women's fence and speak to them through the fence between the hours and two and four in the afternoon. The men are allowed to visit the female wards once a week and the women to visit the male wards also once a week.

3834. Is there any restriction as to the number admitted at any time?—Yes. I have always limited the number of men to eighteen. It rests with the medical officer to say how many can be admitted.

3835. Are the femles allowed outside?—Not without they are in charge of the matron.

3836. The day the Commission visited the island, the women broke out; is that an unusual occurrence?—I have never seen such a thing happen before.

3837. *Dr. Dodds.*] Do the female lepers go out in charge of the matron every day?—Yes: almost every day.

3838. Does she have any difficulty with them?—Never.

3839. They do not go to the male wards?—No, except as before stated; they are most obedient. When the Colonial Secretary came over they were rather demonstrative. They however only came down to the trolley line.

3840. When the Members of Parliament came over were the lepers troublesome at all?—No; they only came out in front of the matron's quarters, not outside the compound, they came out to hear if they might be allowed to go home.

3841. *Dr. Greathead.*] When the female patients go for a walk, which direction do they take?—They generally go to the north end of the island.

3842. The men can come up to the wire fence, can they not?—Yes.

3843. Have you ever known of the male lepers molesting the females when they have been out walking?—Never. The matron reports to me that they always behave in an orderly manner, and from my frequent observation, I do not think there is any trouble.

3844. *Dr. Dodds.*] On visiting days is there any difficulty?—The matron is supposed to be present when the men are there, and she has instructions not to allow the men to go into the wards except with a special pass. The matron is supposed to be present in the day room all the time the men are there. If the number of men is larger or if many are permitted to go into the wards it is impossible to supervise them.

3845. *Dr. Edington.*] Who issues the passes?—The medical officer in charge at the male wards.

3846. *Dr. Herman.*] Do all the men go into the day room when they visit the females?—Yes, except those specially allowed in the wards.

3847. *Dr. Edington.*] After dark, what power is there to prevent the women getting out?—There are three constables patrolling outside the compound from six o'clock at night until six the next morning.

3848. *Dr. Greathead.*] Could the men sleep out at night if they chose?—The wards are visited by Mr. Fitch about nine o'clock and at uncertain times, also by the night watchman, and if any men are out, they endeavour to get them in. I have never heard of any man being out at night.

3849. Are the male lepers locked in?—No.

3850. Then after nine o'clock they might get up and go out, might they not?—Certainly.

3851. Without anyone's knowledge?—There is a night watchman, who goes his rounds, and if he sees anybody out he enters it in the night report book, which is submitted to the visiting medical officer next morning.

3852. *Dr. Edington.*] I suppose the lepers know there is only one man they could easily dodge him, could they not?—Yes. There are also two constables on night duty at the wards.

3853. *Dr. Dodds.*] Have the lepers ever been found in the village?—No; not to my knowledge.

3854. *Dr. Herman.*] Is there any temptation for them to go into the village?—Not now. Formerly they had no shop at the leper wards, and there might have been some temptation at that time, but now there is a small store where they can purchase things.

3855. Can they purchase wine or spirits?—No.

3856. Or tobacco?—Yes.

3857. *Dr. Dodds.*] Would not it be a comparatively easy thing for a leper patient to get into the village and set fire to any house if he wished; is there any safeguard against that?—I hardly believe there is any likelihood of its occurrence, but still it would be easy enough certainly; a man could easily do such a thing.

3858. Are not ordinary hospitals and similar institutions well looked after at night?—If a man had an intention to do such a thing it would be comparatively easy to evade the constable.

3859. Have you ever had any difficulty in that way?—Never.

3860. *Dr. Greathead.*] Is there a fence completely round the female leper ward?—Yes.

3861. *Dr. Dodds.*] Is there any night nurse?—No.

3862. In case a patient were very ill or dying who would look after such patient?—One of the ward nurses would call the matron and she would go to the patient.

3863. Can the matron attend to all such cases as they ought to be attended to?—She does her best. The death rate at the female leper ward has not been very high; not so many cases have occurred as would prevent the matron looking after them.

3864. *Dr. Greathead.*] Is there any infirmary for very bad cases?—There is a hospital at the male asylum, but there is none for the females.

3865. Then if a female patient was dangerously ill, would she have to lie in the large ward with the others all round her?—Yes.

3866. Are there any screens used in the case of dying persons?—Yes.

3867. *Dr. Dodds.*] How are the dead bodies removed?—They are removed at once by women into the mortuary.

3868. *Dr. Fismer.*] In your opinion are two medical men sufficient for Robben Island?—It depends upon the administrative and office work. If that is done by a medical man it becomes very difficult.

3869. *Dr. Dodds.*] Would you propose that some of the administrative work should not be done by a medical man, or that the chief of the establishment should not be a medical man?—I do not think that the chief of the establishment should be a layman.

3870. But you admit the insufficiency of two medical men to attend to the work?—There is a certain amount of work connected with a large establishment like that on Robben Island that is not medical work.

3871. *Chairman.*] You said that there had been 122 deaths and only two post mortem examinations; would it not be desirable to have post mortem examinations in every case?—I have no doubt it would be very desirable.

3872. I suppose owing to the pressure of work there is not time to do more?—Just so.

3873. Is there time for a medical man to make a bacteriological study of the disease?—No.

3874. Would there be ample opportunities if time was afforded?—Yes in some respects.

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3875. Is there time for studying the disease from a pathological aspect? —Yes, to a certain extent.

3876. Have you worked at making any classification of the cases and recording their clinical history?—Yes, but I have to do that at home at night.

3877. Would it be an advantage to have the assistance of a man able to devote himself to that class of work and so further the study of the disease? —Yes, certainly.

3878. At present, owing to the great pressure of work, such study of the disease cannot be taken up, can it?—At present the work is too much for two medical men, if a comprehensive view of the work is to be taken according to the lights of modern medical investigation and embracing all points.

3879. *Dr. Edington.*] Do you think there should be a post mortem examination in every case of death?—Yes; if there is time; it would be a great advantage from a medical point of view.

3881. I understand that the reason why you have had only two post mortem examinations out of 122 deaths is because there has been no time? —Yes; it is impossible.

3882. Conseqently we may infer that the medical staff on the island is too small?—Yes; under the present circumstances two medical men are not sufficient.

3883. *Dr. Dodds.*] If there was a careful clinical report of the so-called self-cured cases, would it not be very important as regards the possible discharge of patients afterwards?—Yes, possibly.

3884. And would not bacteriological investigations be of importance also?—Yes, if they could be carried out.

3885. And all that it is impossible to undertake with your present staff?—Yes, and under present conditions.

3886. *Dr. Herman.*] Is not the strain of maintaining discipline a severe tax on the medical superintendent?—Yes, if as I presume you refer to the medical officer in charge at the time of the lepers, you have to use a good deal of tact.

3887. *Dr. Edington.*] In cases where you have to make an examination of a patient who is not detained on the island, is there a careful clinical history taken down?—No.

3888. Would not that be advisable for future reference, a full clinical report, something on the lines of a life insurance paper?- Certainly. When I went to the island I found that cases had been taken down in a most erratic way.

3889. Should there be one system adhered to?—Yes: it would be a great advantage.

3890. *Dr. Dodds.*] In the absence of one of the medical officers, I presume a great deal of work devolves on the one remaining?—Yes.

3891. *Dr. Edington.*] Have you attempted to do any scientific work in connection with leprosy?—Yes.

3892. Have you the necessary apparatus?—I bought a microscope at my own expense, and certain accessories costing £100.

3893. Have you done much in that way?—No, for want of time.

3894. You have expended money with the object of attempting to make investigations, but want of time has precluded your doing so?—Yes. I find that my time up to 8 or 9 o' clock at night is frequently occupied with writing out my notes taken during the day in the wards and with correspondence on official matters.

3895. Then we may infer that practically there has been no scientific work at all in connection with the disease?—None as far as I know of on the island.

3896. *Dr. Herman.*] Have you anything else to tell the Commission with regard to any feeling existing between the lepers and the officials or attendants, have outbreaks been fairly frequent on the island?—Yes.

3897. Mr. de Smidt went over about a year ago; were you there then ?-No.

3898. I understand that about a week ago Dr. Impey was hustled, if not assaulted, and treated with scant courtesy ; what was the immediate cause of that ?—There were two occasions, on the 2nd inst. and on the 8th inst. I only speak from hearsay, but I was told that on the 8th inst. the meat sent down was bad and Mr. Fitch, the superintendent returned it.

3899. *Dr. Edington.*] Did he return it on his own account or because the patients asked him ?—On his own account I believe. The meat came down about 7 o'clock in the morning and it was returned by the same trolly. Mr. Fitch wrote a letter to the chief clerk to inform him that the meat was bad and I believe that when the letter got to the office the medical superintendent was not there. Mr. Jones, the lay superintendent, was asked to inspect the meat, but he was away also, and so it was not inspected by either Dr. Impey or Mr. Jones at that time.

3900. *Chairman.*] Were they on the island ?—Yes, they were both on the island but not at the office. I believe Mr. Jones was at the convict station; he is superintendent of convicts. Afterwards a certain quantity of the meat was cut off and this was replaced by other meat which was sent back to the wards.

3901. Who cut it off ?—I believe the butcher. The meat was returned to the wards, and the patients it would seem, saw that some of it was the same and they refused to accept it, so they went up to Dr. Impey's house in a body to speak about it.

3902. Were these all male patients ?—Yes.

3903. Did they go inside the village ?—I believe only one crossed the boundary as far as I can hear.

3904. *Dr. Herman.*] Was there a disturbance ?—The patients spoke, and I took down the statements at the time because I thought I might be asked about it. I was told that the constable on duty at the boundary whistled for other constables to come up; by this time Dr. Impey had come out and he asked them what they wanted. After that, I really hardly know what passed, there are so many different stories, the lepers say one thing and the constables another, and the statements are very conflicting.

3905. Were any of the lepers arrested ?—I believe three of them were arrested.

3906. Was there anything like struggling or fighting going on ?—I believe it took six constables to carry off one man. He bit a constable, so the latter states.

3907. Who was the man who bit the constable ?—I think it was Arend Willemse.

3908. Did the lepers commit any offence ?—It would be hard for me to say that. I was not present. I believe the lepers wished to speak about the meat.

3909. Did the constables draw their revolvers ?—The lepers say so. I have no further evidence. One constable said that he had no sling for his revolver and he carried it in the case in his hand.

3910. Can you give us his name ?—Campbell, the chief constable.

3911. Is the meat inspected every day by a responsible officer ?—I have had frequent letters from Dr. Impey since I have been on the island directing me to inspect the meat before and after cooking, and I have visited the kitchen two or three times a week. I cannot say if Dr. Impey does it now; he has charge of the male lepers.

3912. Is there any official inspection of the meat before it leaves the butchery ?—I am unable to say that. I have seen it at the kitchen before it is cooked, and when it arrives at the wards.

3913. Is there any regular routine inspection every day at the wards ? —Mr. Fitch the superintendent would inspect it every day, and I have frequently inspected it both in the male and female wards.

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3914. *Dr. Fismer.*] Is the meat sent over to the island from Cape Town?—The beef is; the sheep come to the island alive.

3915. *Dr. Dodds.*] Have you often been dissatisfied with the meat?—Yes; six or eight times in thirteen months I have reported the beef as being bad. On one occasion it was distinctly diseased.

3916. *Dr. Herman.*] Who is responsible for giving out the rations and supplies to the different wards?—They would be issued from the store to the different asylums by the storeman. The meat is issued by the butcher.

3917. How are the rations issued to the different wards and the different patients?—They are divided up by weight.

3918. Is anyone responsible for seeing that every person gets his proper supply?—The white attendant in each ward sees to the issuing of the rations to each individual.

3919. Do the patients barter their rations at all?—Not to my knowledge. They may barter the extras they receive.

3920. *Dr. Dodds.*] Do you think the plan of dining in so many separate wards works well?—Yes, I think so.

3921. Does the food arrive at the wards in good condition and hot enough?—They try to keep the food warm. A certain quantity of food has to be got ready by a certain time and the dinner is not till about $\frac{1}{4}$ or $\frac{1}{2}$ past 12. There is only one kitchen.

3922. Has the food to be carried some distance from the kitchen?—Yes.

3923. Do not you think it would be better if the dining arrangements were more concentrated; would not the supervision be more complete and it would be seen also that each patient got his proper quantity?—Each attendant at the respective pavilions now supervises the quantity issued. It would certainly lead to the food being served in a warmer condition.

3924. *Dr. Herman.*] Do you allow any privileges, or do all the patients get the same kind of food?—They get medical extras. If they are sick they get rice, sago, custard, and so on.

3925. In the female compound is there any chance of sick women getting beef tea, arrowroot and so on?—Yes; the matron makes it herself, and she very rarely gets her own meals properly in consequenee. She has to work very hard, and she has been recommended to get a servant. I think if enquiry was made that it would be found she has hardly had a regular meal; I think also the same might be said of Mr. Fitch.

3926. Is it possible to continue the present system without providing for regular sick nursing and attention of some sort?—We had nurses in No. 1 pavilion at one time.

3927. What is done in the female wards to provide delicacies for the more sick and feeble patients?—I order medical extras when necessary, if the patients require them, and the matron is always ready to do any extra cooking for them if there is anything they fancy.

3928. Does the institution provide delicacies for sick and dying patients?—Yes, it provides wine, brandy, porter, eggs, milk, sago, arrowroot, and so on.

3929. Are such things prepared in the matron's private kitchen?—Yes.

3930. Do not you think it is advisable to have a special hospital ward or small infirmary?—I have endeavoured to put the worse cases in one ward, but the women refuse to be removed, and I have no power to shift them.

3931. If they saw the advantage of a nice comfortable ward where they could be better looked after than in the general ward, do not you think they would go?—I cannot say they would. In the male wards I know there is an impression that if they are removed to the hospital, they go there to die, and consequently they have a great horror of going to the hospital; there is the greatest possible difficulty in getting them to go, in fact many patients die outside the hospital in the wards.

3932. Could it not be arranged for the worst cases to go to the hospital or a special ward earlier?—There would be the same objection.

3933. Apparently the whites mix up freely with the coloured patients and make friends with each other, so is there any reason for carrying out classification; is it not more apparent than real?—No, it is convenient to have all the boys together and all the Kafirs together and the whites together and so on.

3934. But they mix freely, do they not?—The Kafirs keep to themselves a good deal because their language is different.

3935. What difference do you make between the paying and ordinary patients in the female compound?—There is only one paying female patient. There were two but I believe one of them has discontinued paying. I will not be positive.

3936. The other patient is under the impression that she is paying?—I believe that her husband refused to pay any longer, but I cannot say for certain. She does not occupy special quarters.

3937. Would she be dieted on a different scale if she were a paying patient?—No.

3938. Then what is the advantage of paying?—I cannot say in her case.

3939. *Dr. Dodds.*] If a person can pay is it not a duty to do so?—Yes.

3940. I believe the cost of a patient is 3s. a day is it not?—I cannot say. It states in the Act that money expended for the maintenance of lepers can be recovered from the estate, that is if there is any estate.

3941. *Chairman.*] With reference to the number of the staff, do you consider that any systematic medical treatment is very difficult with your present staff?—I could not say that, because I have tried special plans of treatment.

3942. How would you administer frequently during the day certain courses of medicine?—I should put the patient in the hospital pavilion, and have the nurse there to see that the medicine was taken regularly.

3943. Would you be able to do that on anything like a large scale with your present staff?—No; I could only try it on a small scale with so many patients as we have to deal with.

3944. *Dr. Dodds.*] Do the patients complain of the want of medical treatment?—No, not to my knowledge.

3945. Several of the patients have said that they were treated for certain complaints, but they got no treatment for their special disease; is that so?—That, to a certain extent, is quite true, but certain patients have been treated with chaulmoogra oil and gurjun oil and other remedies. It is impossible to try the effect of special drugs on all the patients at once.

3946. Do many grievances of that kind come to your notice?—No. When I had charge of the male lepers, I visited them every day, and saw each individual in the wards. Of course, the patients are treated a great deal for intercurrent diseases also; 20 or 30 out-patients are seen every morning.

3947. *Dr. Herman.*] Do they come to any particular ward for treatment?—Yes; they come to No. 1 pavilion.

3948. Is there a regular inspection every day?—I visit every ward and every room and every latrine.

3949. Are the patients forced to take exercise and baths every day?—There is no means of enforcing that.

3950. Are the patients left to do pretty much as they like all day and all night?—Yes. There is no means of forcing them to do anything; you can only use tact and management.

3951 Do you think that advisable; would not you recommend that some regulation should be drawn up on the subject?—Perhaps it would be advisable.

3952. *Chairman.*] Would it not facilitate good government and rule on the island if it was known that force could be used?—Most undoubtedly.

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3953. Would it assist you, and also conduce to the happiness of the lepers themselves?—Yes.

3954. *Dr. Herman.*] If you had such power, have you the means at your disposal to carry it into effect, do you think?—No; I think not, if the lepers combined to resist.

3955. Suppose it were required that all the lepers were to have a bath every day, could that be carried out?—No.

3956. How many lepers could have a bath every day, should you say?—I think we could arrange for 60 or 70 a day having a bath. I am speaking of the males and of the bathroom, each individual has his zinc bath.

3957. Then it would take about five days to bath all the male patients?—Yes, in the bathroom.

3958. Practically speaking they could only have one bath a week?—Yes.

3959. Would not that necessitate a large staff?—Yes.

3960. With regard to exercise, have you a sufficiently large staff to see to that?—There are ten men engaged on road making and sanitary work, and some others are engaged in whitewashing and cleaning up the wards.

3961. Do you think the amusements and moral welfare of the patients are sufficiently looked after?—They are very fond of fishing; they have a number of games, and some of them play musical instruments. There are three chaplains visiting them.

3962. Are they amenable to the guidance of their spiritual advisers?—Yes, a large number of them attend school. There are three schools altogether, English, Dutch, and Kafir.

3963. *Chairman.*] With reference to the climate of Robben Island, how does it affect the patients in your opinion, adversely or otherwise?—I have had no previous experience of the leper death rate in other parts of the Colony.

2964. Do you think they are unfavourably affected by the heat?—No, I think the sand affects their eyes.

3965. Have you many cases of eye disease?—Yes; a considerable number. Ophthalmia is prevalent on the island amongst lepers.

3966. Do you attribute that to the sand?—The sand would certainly aggravate the disease.

3967. Do they complain to you?—Yes, frequently.

3968. Do they complain of the glare?—Yes.

3969. Do they complain of the wind at all?—Yes, especially the south-east wind.

3970. Do they complain of the cold?—Yes; they feel the cold a good deal in the winter season, not in the summer.

3971. *Dr. Edington.*] Do you think the irritation to the eyes caused by the sand is the cause of ophthalmia?—Yes.

3972. Have you seen many pulmonary complaints on the island?—Yes; a considerable percentage of the deaths arises from phthisis.

3973. Do those patients who come from high altitudes inland seem to be affected by the climate of the island?—Yes. The death rate of the Free State lepers is somewhat high. The climate of the island may have something to do with this.

3974. Is that because they arrive in a far advanced stage of the disease, or does it arise from intercurrent complaints?—They were certainly a lower class of patients than the colonial lepers, speaking generally.

3975. Do you think it possible that they would have died in the ordinary course if they had stayed at home, or has their being sent to Robben Island hastened their death?—A possible cause of the increased death rate might be the change from a higher altitude to a place like Robben Island.

3976. Do they complain themselves about suffering from cold?—Yes. The Free State lepers have frequently complained of the cold.

3977. Has any attempt been made to look after their comfort in the way of housing or clothing ?—They had no greatcoats and I wrote a letter about it to the superintendent which was forwarded to Mr. Sauer, the Colonial Secretary, who ordered that they should be supplied, and this was done. Previously, I believe, they did not have them, but last winter they had an ample supply of greatcoats.

3978. Can you give us any information as to the immediate cause of death among the Free State lepers ?—I can furnish it from the records. —[See Table C].

3979. Can you also furnish us with the immediate cause of death among the lepers from other parts ?—Yes. The returns are marked D and E and are corrected to the best of my ability. D shows immediate cause of death of Colonial Lepers for 1893 ; E various causes of death of 350 Colonial and Free State Lepers and percentage from each cause.

3980. *Dr. Herman.*] With reference to heating the wards in winter, how is that carried out ?—By means of stoves, but stoves have not been placed in all the wards.

3981. Which wards are not fitted with stoves ?—No. 6 pavilion is not fitted out to the best of my recollection, No. 5 also in the male wards, and in the female wards 6, 7 and 8.

3982. Why is that ?—That is a question for the administration.

3983. Are the day rooms heated in winter ?—No.

3984. Is it not a disadvantage to keep the patients in the wards in the winter time instead of sending them out into the day room ?—Yes ; but they would not stay in the day room even if there was a fire there, or very seldom.

3985. Is the system of heating satisfactory ?—Yes, in my opinion.

3986. *Dr. Edington.*] What fuel do you burn ?—Coal.

3987. *Dr. Herman.*] Do the patients complain much on account of the cold ?—Yes ; and they complain about the small quantity of coal.

3988. Are the fires kept up all day and night ?—Not all night, there is not a sufficient supply of coal to keep them up all night.

3989. Are the patients allowed to burn the coal at their own pleasure ? —No ; there is a certain quantity supplied and that has to last a week. I am unable to say what quantity they have.

3990. *Chairman.*] Who regulates the burning of the coal ?—The ward attendant sees to that.

3991. *Dr. Edington.*] How long have you been on the island ? —13 months.

3992. Did any of the nurses from Kimberley arrive while you have been there ?—No, they were there when I arrived ; there were four Kimberley nurses to the best of my knowledge.

3993. And a superintendent ?—Yes, she is included.

3994. *Chairman.*] Were they under your immediate supervision ?—Yes, all of them so far as their duties were concerned only.

3995. Why did they leave ?—For various reasons, all four of the Kimberley nurses resigned of their own accord ; one resigned because she would not work under the nurse in charge of her ward, she said she was also a trained nurse. The nurses did not work well with the matron. There were four other nurses not from Kimberley, two of whom left on their own accord, one on account of drink and the last on account of erysipelas. Mrs. Green and Mrs. Pouncey remained on the island at the nurse's quarters.

3996. Are their husbands alive ?—No ; they are both widows.

3997. *Dr. Dodds.*] Was Mrs. Pouncey formerly matron of the female lepers ?—Yes.

3998. How long did the nurses from Kimberley and elsewhere stay altogether ?—The last one left at the end of April.

3999. Did they send in written resignations ?—Some sent in written resignations and some resigned verbally. I had nothing to do with engaging them or dismissing them.

C.—Deaths during 1893 of Lepers from the Orange Free State.—Total, 23.

Months.		Tubercular.								Anæsthetic.								Mixed.							
		Males.				Females.				Males.				Females.				Males.				Females.			
of 1893.	Total per month.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Duration.—Years.	Age when Disease began.	Age at Death.	Cause.
Jan. ..	3	..	..	..	..	3 8	55 11	58 19	Diarrhœa Phthisis	..	..	..	..	..	..	..	..	12	15	27	Phthisis	..	..	..	..
Feb. ..	2	..	..	..	..	..	..	..	..	11	50	61 41	Phthisis Phthisis	..	..	..	..	..	..	..	..	..	..	..	..
May ..	1	..	..	..	..	..	..	..	...	..	..	..	..	3	47	50	Diarrhœa	..	..	..	..	..	..	..	..
June ..	2	6 9	40 21	46 30	Exhaustion Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
July ..	1	..	..	..	..	..	..	..	..	..	..	..	..	11	24	35	Phthisis	..	..	..	..	..	..	..	..
Aug. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	11	60	71	Marasmus	..	..	..	..	..	..	..	..
Sept. ..	2	..	..	..	..	9	8	17	Phthisis	..	..	..	..	41	20	61	Marasmus	..	..	..	..	..	..	..	..
Oct. ..	3	..	..	..	..	2	44	46	Phthisis	4 10	11 20	15 30	Leprosy Marasmus	..	..	..		..	..	..	..	..	..	..	..
Nov. ..	4		..	..	..	3 2	18 26	21 28	Phthisis Peritonitis	6 8	15 58	21 66	Phthisis Syncope	..	..	..	..	..	..	..	..	..	..	..	..
Dec. ..	4	3	13	16	Acute Pleurisy	1	18	19	Phthisis	2 9	45 51	47 60	Septicæmia Nephritis	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	23	..	..	..	3	..	..	..	7	..	..	..	8	..	..	..	4	..	..	..	1	..	..	..	..

D.—Deaths during 1893 of Lepers belonging to Cape Colony.—Total, 87.

Month.	Total per Month.	Tubercular. Males. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Tubercular. Females. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Anæsthetic. Males. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Anæsthetic. Females. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Mixed. Males. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.	Mixed. Females. Duration.—Years.	Age when Disease began.	Age at Death.	Cause.
Jan. . .	9	9	18	27	Dysentery	3	14	17	Exhaustion	..	..	1	Dysentery	..	..	.	..	..	..	..	..	..	..	..	..
		..	..	20	Leprosy	3	42	45	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						6	30	36	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						2	48	50	Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						4	22	26	Syncope	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						1	16	17	Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feb. . .	4	..	..	65	Leprosy	..	..	..	..	4	10	14	Congestion of lungs	..	..	..	..	..	..	..	..	..	..	..	..
						..	..	..	..	9	29	38	Septicaemia	..	..	..	..	..	..	..	..	..	..	..	..
						..	..	..	..	7	12	19	Septicaemia	..	..	..	..	..	..	..	..	..	..	..	..
Mar. . .	5	5	12	17	Phthisis	..	..	..	..	7	3	10	Nephritis	11	41	52	Phthisis	..	..	..	..	..	..	..	..
		..	..	25	Phthisis	..	..	..	..	..	..	..	..	11	30	41	Phthisis	..	..	..	..	..	..	..	..
April .	5	..	..	13	Pleurisy	..	..	..		9	15	24	Syncope	16	40	56	Phthisis	5	21	26	Laryngitis	16	12	28	Diarrhœa
May . .	8	4	67	71	Erysipelas	13	13	26	Asthenia	11	32	43	Pyaemia	40	6	46	Diarrhœa	11	20	31	Erysipelas	6	66	72	Asthenia
		..	..	21	Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	27	34	Pneumonia
June . .	8	..	..	21	Pneumonia	..	..	..	..	4	39	43	Dysentery	..	..	..	..	16	28	44	Exhaustion	..	..	..	..
		..	..	76	Syncope	..	..	..	..	18	26	44	Phthisis	..	..	..	..	13	16	29	Hepatitis	..	..	..	..
		..	..	40	Dysentery	..	..	..	..	19	45	64	Dysentery	..	..	..	..	..	..	..	..	..	..	..	..
July . .	4	3	16	19	Marasmus	..	..	..	..	..	..	..	..	10	29	39	Marasmus	9	12	21	Phthisis	..	..	..	..
		3	12	15	Marasmus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

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D.—Deaths during 1893 of Lepers belonging to Cape Colony.—Total, 87.—(*Continued*).

Aug. .	3	3	12	15	Phthisis	1	44	45	Peritonitis	..	..	..	..	..	..	..	..	16	18	34	Marasmus	..	..	..	..
Sept. .	11	5	11	16	Marasmus	4	56	60	Nephritis	8	34	42	Nephritis	25	13	38	Marasmus	16	16	32	Mucoenteritis	..	..	..	..
		9	38	47	Erysipelas	..	..	..	..	15	45	60	Nephritis	18	53	71	Syncope	10	41	51	Pneumonia	..	..	..	..
		4	21	25	Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	5	13	18	Nephritis	..	..	..	..
Oct. . .	10	3	47	50	Syncope	6	45	51	Tub.Peritonitis	2	30	32	Phthisis	..	..	..	..	10	49	59	Pleurisy	..	..	..	..
		10	21	31	Tub.Peritonitis	5	21	26	Phthisis	..	..	..	..	..	..	..	..	3	19	22	Erysipelas	..	..	..	..
		7	16	23	Tub.Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		6	9	15	Tub.Peritonitis	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		2	21	23	Tub.Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nov. . .	10	9	12	21	Marasmus	..	..	..	..	19	21	40	Phthisis	..	..	..	..	7	14	21	Marasmus	..	..	..	..
		6	41	47	Marasmus	..	..	..	..	4	46	50	Phthisis	..	..	..	..	5	45	50	Marasmus	..	..	..	..
		2	10	12	Nephritis	..	..	..	..	8	43	51	Marasmus	..	..	..	..	23	8	31	Syncope	..	..	..	..
										..	..	..	..	..	..	..	..	1	11	12	Phthisis	..	..	..	..
Dec. . .	10	8	16	24	Acute Pleurisy	3	14	17	Marasmus	13	27	40	Phthisis	..	..	..	..	16	6	22	Phthisis laryngea	..	..	..	..
		4	29	33	Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	3	42	45	Phthisis	..	..	..	..
		14	52	66	Phthisis	..	..	..	..	..	..		..	..	..	..	..	13	27	40	Marasmus	..	..	..	..
		6	41	47	Erysipelas	..	..	..	..	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	37	Phthisis laryngea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .	87	..	..	..	30	..	..	..	12	..	..	..	17	..	..	..	7	..	..	..	18	..	..	.	3

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E.—Table Showing Causes of Death of 350 Colonial and Free State Lepers, and Percentage from each Cause.

Males, 277.		Females, 73.	
Cause of Death.	Per cent. from each cause.	Cause of Death.	Per cent. from each cause.
Marasmus, Leprosy, or Exhaustion	42·23	Marasmus, Leprosy, or Exhaustion	34·24
Lung affections and Phthisis ..	25·66	Lung affections and Phthisis ..	28·76
Heart affections	4·68	Heart affections	6·84
Dropsy	1·81	Dropsy	2·73
Diarrhœa and Dysentery ..	5·77	Diarrhœa and Dysentery ..	15·08
Diseases of Peritoneum ..	3·97	Diseases of Peritoneum ..	4·12
Laryngitis	3·61	Laryngitis	1·37
Diseases of Liver, Kidneys, and Spleen	3·97	Diseases of Liver, Kidneys, and Spleen	1·37
Pyaemia, &c.	1·44	Pyaemia, &c.	4·12
Scurvy	1·44	Enteric Fever	1·37
Influenza	1·81		
Gastritis	·72		
Erysipelas	2·53		
Epithelioma	·36		
	100·00		100·00
Average age at death of 243 males, 37 years.		Average age at death of 70 females, 35 years.	

4000. What precautions are taken against fire?—There are pumps and patent fire extinguishers.

4001. Do you consider that sufficient?—Yes.

4002. Is there any fear, do you think, of the lepers trying to set fire to the buildings?—I do not think so.

4003. You think the fire precautions and the night watch are sufficient to guard against that?—I think so. I have seen nothing that would lead me to suppose such a thing probable. I can only speak from my personal experience.

4004. *Chairman.*] Do you consider that the lepers have a more irascible temperament generally speaking than persons suffering from other diseases?—No, I do not think so.

4005. Why should there be any difficulty in their management?—I do not think there is any difficulty so far as I am concerned. I have found none.

4006. *Dr. Fismer.*] Have you ever known of any case of suicide among the lepers on the island since you have been there?—No.

4007. Or before you went there?—I cannot speak as to that, the records are so imperfect.

4008. *Dr. Dodds.*] Have any of them ever threatened to commit suicide?—I have heard them say that if the police would shoot them they would not mind. They said so yesterday. They say they would sooner be shot than be prevented from going home. They do not like being shut off from the rest of the world on the island.

4009. Is there any other place, do you think, where they could be segregated which would do away with that feeling?—I think so.

4010. Would they be better on the mainland?—I think so, certainly.

4011. *Dr. Herman.*] When the nurses left, was there any attempt made to get a more satisfactory nursing establishment on the island?—I believe not.

4012. Would it not be an advantage for the lepers?—They objected to the nurses' regulations, and to the nurses dressing their wounds, and the whole time that the nurses were on the island it was one series of complaints on the part of the lepers.

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4013. Do not you think all that could be arranged?—I almost think it would be better to leave them alone. The lepers are now attended to by leper dressers.

4014. How are the leper wards lighted?—They are lit with paraffine lamps, some hanging from the ceiling, and some are on the tables.

Cape Town, Thursday, February 22nd, 1894.

PRESENT:

DR. MURRAY *(Chairman).*

Dr. Dodds,	Dr. Greathead.
,, Fismer,	,, Edington,
,, Herman,	

Dr. Todd further examined.

Feb. 22nd, 1894.

4015. *Chairman.*] Had you any practical knowledge of leprosy before you went to Robben Island, and took up your appointment there?—Yes. I have seen cases in India, Ceylon, the Straits Settlement, China, and Zanzibar.

4016. From what aspects have you approached the study of the disease, from a clinical and pathological aspect?—Principally from a clinical aspect; I have had no time to make a study of the disease properly from a pathological point of view.

4017. Have you studied the disease from a bacteriological aspect?—I have stained the bacillus, that is all.

4018. And you have cases now under your personal observation and treatment on Robben Island?—Yes.

4019. *Dr. Dodds.*] Is the disease the same in the various countries you have mentioned?—Yes, as far as I could judge it is exactly the same.

4020. In the tubercular, anæsthetic, and mixed forms?—Yes.

4021. *Dr. Greathead.*] Do you recognize all those forms of the disease?—It is convenient to do so.

4022. Is there also a syphilitic type of the disease?—I should consider syphilis in connection with leprosy to be an intercurrent disease.

4023. *Chairman.*] With reference to the communicability of the disease, how would you define the term "contagion"; there are three definitions proposed by the Indian Leprosy Commission, namely, propagation of the specific poison through an unbroken surface of skin or mucous membrane; propagation by introduction of the specific poison through a broken surface of skin or mucous membrane, and propagation of the specific poison through air, water, food, earth, secretions or excretions of the body; which of those would you adopt?—I would not approve of any of those three definitions.

4024. Will you define what you mean by the term "contagion" as applied to leprosy?—I should say that contagion would be the transmission of the disease by material contact.

4025. By the actual contact of individuals?—By contact with the material causing the disease.

4026. In what way?—It is not necessary to imply that it is immediate contact only.

4027. Might it be mediate contact?—Yes.

4028. Through food, for instance?—Yes, or clothing or utensils.

4029. *Dr. Greathead.*] Through a broken or an unbroken surface?—I should say that there need not necessarily be an unbroken surface.

4030. Do you admit that it is possible through a broken surface to contract the disease?—Yes. I should define contagion as applied to leprosy as the transmission of the disease from one individual to another by material contact.

4031. *Dr. Edington.*] May not that mean anything?—I repeat that my definition is the transmission of the disease by contact with the material causing the disease.

4032. *Chairman.*] Do you consider that leprosy is spread by contagion?—I am quite unable to state how leprosy is transmitted or communicated.

4033. From the study of cases that have come under your notice, have you formed any opinion on the subject?—I have formed a good many opinions but I have no logical proof to support them.

4034. How do you think the disease is spread?—I am unable to form any idea how it is spread.

4035. *Dr. Greathead.*] Do you think the disease is communicable?—That is my opinion, but I am unable to prove it.

4036. You cannot explain it?—No; it appears to me to be spread from one individual to another, but I am unable to state in what manner.

4037. Would any of the cases you have seen give you strong presumptive evidence or reasonable ground for stating what the channels of communicablity are?—The history of the cases is so contradictory, and in many cases the statements made by the patients themselves are so conflicting, that there is the greatest difficulty in arriving at any logical conclusion.

4038. Do you believe in the existence of any specific bacillus in the disease?—Yes.

4039. Have you seen it yourself?—Yes.

4040. *Dr. Edington.*] Have you seen a considerable number of cases on Robben Island?—Yes.

4041. You admit that there is a specific bacillus in relation to the disease?—Yes.

4042. Does that raise any opinion in your mind with regard to its infective nature?—It may raise an opinion that the first proof that bacillus is the cause of the disease is still wanting. I know no proof that it is the cause.

4043. Do you admit that the bacillus is always found in relation to the disease?—Yes.

4044. Do you mean to infer that they have never been able by means of the pure cultivation of the bacillus to produce the disease?—Yes.

4045. You have had an exceptional opportunity of seeing leprosy here and in other parts of the world, have you not?—Yes.

4046. Have you not been able to arrive at any logical conclusion as to the contagiousness of the disease from the cases you have seen?—No.

4047. Have you ever attempted to find out whether the histories you could really get at proved or disproved heredity or contagion?—I should be inclined to doubt heredity from the histories I have collected.

4048. Do you think the disease is contagious?—I think it is communicable but I am unable to state how and in what way.

4049. What do you mean by communicable?—A disease which can be transferred from one individual to another by any means whatever. I cannot specify in what way it is communicable.

4050. Have you seen any evidence to show that it has been found in any animals?—No certain evidence.

4051. Have you seen mice on Robben Island supposed to be infected?—Yes, I have seen the mice.

4052. And there is also the case of a donkey, is there not?—Yes. I have seen the donkey.

4053. Have you ever met with any case, or any group of cases, which

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have given you strong evidence in favour of the contagion theory?—I believe the disease to be communicable, but in what manner I cannot say or in what degree.

4053A. In examining the history of the disease, do not some cases point strongly in favour of contagion?—I have not had sufficient experience to justify me in expressing a definite opinion as to contagion.

4054. In your reading on the subject, have you arrived at no conclusion? —I should be very cautious in judging of cases taken by other medical men. I prefer to rely on my experience in this matter.

4055. Are you aware of the Dublin case?—Yes.

4056. Are you convinced that that was a case of contagion?—It appeared to be a very suspicious case, I think.

4057. Are you aware that the Indian Leprosy Commission said that they found history of contagion in five or six per cent. of the cases they examined; are you able to go as far as that?—Of course they examined a great number of patients. I am unable to state positively that I have been able to trace cases of contagion.

4058. Of course it is scarcely possible to get absolute proof of anything, but is there tolerable certainty do you think?—There are, as I have said already, many cases that look extremely suspicious, and I could point them out to the Commission on the island.

4059. *Dr. Greathead.*] From your observations what has led you to think that the disease is communicable?—The spread of the disease in family groups.

4060. Are there any other conditions, such for instance as the disease being found more in certain centres?—Yes; one might almost say that there are epidemics of leprosy in certain places, such as the Sandwich Islands.

4061. *Dr. Fismer.*] Do you think that the disease is caused in any way by certain diet?—I think that bad food might certainly lower the system and give a predisposition to the contraction of leprosy.

4062. *Dr. Edington.*] Do you think that certain conditions of life might predispose persons to the disease?—Anything which would tend to lower the vital resistance I should say would tend in that direction. A person with a low vitality would be more likely to contract the disease than a healthy person.

4063. *Chairman.*] Do you consider that there are any stages of the disease in which it is contagious?—I am unable to prove that it is contagious or to what degree.

4064. Is there any form of the disease in which there is absolutely no risk?—I think the risk would be equal in all forms. It would be extremely difficult at any time to state whether the disease was harmless or whether it could be spread. I should think that in the ulcerated stage it would be more likely to spread, but that is an opinion not based on fact; it is my private opinion.

4065. Do you think the disease ever arises spontaneously or *de novo*?—If you are to believe the statements of certain patients you cannot but come to that conclusion.

4066. Have you any records to that effect?—On the island there is a considerable number of patients who state that they have never had connection with lepers at all and have never in fact seen a leper.

4067. Do the records corroborate that, or is it corroborated by independent parties?—I do not think the statements are reliable altogether in any case.

4068. *Dr. Dodds.*] Is it not to the interest of patients to deny any history of contagion?—Yes.

4069. And are they well aware of that?—Yes; they know it.

4070. *Dr. Greathead.*] Do you use the term *de novo* in the same sense as the Indian Leprosy Commission used it?—Yes; if you are to believe the statements of patients, it can originate in that way.

4071. *Dr. Dodds.*] Do you believe the patients' statements?—I find great difficulty in doing so, especially in the case of the coloured patients, who are not likely to be very correct where time is concerned.

4072. *Dr. Fismer.*] Do the so-called arrested cases in the anæsthetic form spread the disease, in your opinion?—I should be inclined to doubt whether the disease can be arrested permanently.

4073. Suppose the disease was arrested for say ten years?—That I should call a temporary arrest.

4074. *Chairman.*] Do you believe there is ever a total cure in leprosy?—From my experience, I should say no.

4075. Are there any cases on record which would support that view?—Not to my knowledge.

4076. With reference to arrested cases, are there any records to show long periods of arrest of the disease?—Yes.

4077. Why would you call those only arrested cases and not permanently cured?—Because, for one thing, I have known of a reported self-cured case which has quite lately developed perforating ulcers.

4078. In what form of the disease do you find that mostly?—In the anæsthetic form principally, perhaps I might call it the mutilating form.

4079. Was that case you allude to discharged from the island as cured?—No; the patient is still on the island.

4080. Have any cases been discharged from the island as permanently cured?—One case was discharged from the island as being unlikely to develope sores.

4081. Do you know anything about the subsequent history of that case; did the disease return?—I cannot say; the patient was released about the middle of last year.

4082. Have you lost sight of that case now?—Yes.

4083. You know nothing as to the present condition of the patient?—Nothing.

4084. Returning to the case which you said had been arrested, are there any records to show for how long it had been arrested?—Before I went to the island, this case was reported with others as being self-cured. I had seen no records of the case before I took it; the man's name was Hantis, a coloured person, but a Commission was appointed, I believe, by the Government to report upon the self-cured cases, and they decided that none of them were self-cured. I believe that was the decision, I do not speak certainly.

4085. What is Hantis' condition now?—He now has perforating ulcers.

4086. In what part?—In his feet.

4087. Were the feet actually well at the time the disease was supposed to be arrested?—I was not on the island then.

4088. Is it on record that he was reported to be a self-cured case?—Yes.

4089. And subsequent to that report there has been a recrudescence of the disease?—Yes.

4090. *Dr. Edington.*] Some little time ago, was there not a number of patients who were certified by the Robben Island authorities as being non-leprous; I think it was within the past 18 months?—Yes, a number of males and females.

4091. Why were they certified to be non-leprous; were they supposed to be cured cases?—No; whilst taking the cases I went through the wards and examined the patients, and I found that these patients in question were not lepers, in my opinion.

4092. Had they been on the island for a considerable time?—I could not tell you how long. Some had been as long as a year, I think.

4093. Are there any records showing what was done previously, what warrants or certificates had been issued in their case?—Certainly. Those

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papers could be got from the Colonial Office; they would be in the possession of the Colonial Secretary, together with the certificates sent by Dr. Impey, Dr. Stubbs, and myself.

4094. *Dr. Fismer.*] I understood you to say that one case had been discharged from the island?—Yes.

4095. Was it a case of leprosy?—Yes, in my opinion.

4096. Did you consider that patient not dangerous?—I should say he was in the same condition as many others.

4097. Is that the only case that has been discharged?—To my knowledge.

4098. Are you aware that there is leprosy in that man's family?—I have been informed so. I have it down in my history of his case that there was a doubt about the father.

4099. Had not the father leprosy and the aunt also?—He denied that his father was a leper. I put the question to him.

4100. I know his father had leprosy and his aunt also; does not that show how little you can depend on the statements of patients?—Yes. I have before stated so.

4101. *Dr. Edington.*] Would there be a considerable number of patients some time ago, certified as either cured or non-leprous, apart from the case you have just alluded to?—Yes, a number were so reported, and a Commission of medical men examined them; it was before I went to the island.

4102. *Chairman.*] Returning to the case of Hantis, is that the only case in your experience now on Robben Island where there has been a recrudescence of the disease after an alleged self cure?—I have never had any self-cured cases pointed out to me.

4103. Are there any self-cured cases under your charge on the island?—Not to my knowledge. I do not recognise the term. I recognise the term temporarily arrested.

4104. That is the distinction you draw?—Yes; I look on it as a temporary arrest of the disease.

4105. Would you say that during that stage of temporary arrest there was much chance of an individual being a source of danger if he was at large?—It would be impossible to say whether the disease might not break out again.

4106. You think it might break out at any time under unfavourable conditions?—Yes, in the same way as phthisis might appear in an arrested case; under unfavourable conditions a person might have a relapse.

4107. *Dr. Greathead.*] After a period of say 20 years had elapsed, would you consider that the disease was arrested permanently?—It would be hard to state positively that a case was cured until every part of the body had been examined with a microscope, so as to ascertain the absence of the cause of the disease in such cases. The presence of the cause of the disease would be, I consider, sufficient, under unfavourable circumstances, to develope it; such a thing would be likely, in my opinion.

4108. Do you think there is any tendency for the disease to die a natural death and disappear from the system after a certain number of years?—Apparently the system resents the presence of the disease, and hence the long periods of rest. In some of the anæsthetic cases there must be considerable resisting power.

4109. Would you suggest that a number of these arrested cases should be allowed to go back to their former habits, with a view to determining whether the disease would recrudesce; do you think it would be a legitimate experiment?—No, not without precautions. I should not think it would be a legitimate experiment.

4110. *Dr. Edington.*] You said that you could not pronounce any case to be permanently arrested unless every part of the body was examined, did

you not?—It would be impossible to make a statement that a case was cured unless you could search every part of the body and find that there was no centre where the cause of the disease remained.

4111. What do you mean by the cause?—I believe the cause is the bacillus lepræ.

4112. You stated previously that that was not at all proved, did you not?—It is not proved.

4113. If you consider that it is not proved, how would that help you?—I consider that it is most probable, although not proved.

4114. Is there any other way you can arrive at a decision as to the cure of the disease; you admit that it is not proved that the bacillus lepræ is the cause, and therefore the presence or absence of that cannot very much interfere with your reason?—Although a thing is not positively proved, it may be extremely probable. It may not be scientifically proved up to the hilt, but it is more than probable.

4115. Do you consider it so probable that you would be prepared to accept the presence of the bacillus as evidence of the disease being still there?—Yes, so far as my personal opinion goes.

4116. In no other way can you undertake to say whether the disease is cured or not?—There is no other way that I know of to prove the cure of the disease.

4117. Suppose that a case had been seemingly arrested for 20 years, would you allow the patient freedom to return home?—I do not consider that it would be a legitimate experiment at the present stage of our knowledge, without precautions.

4118. Even although the patient was seemingly cured?—No.

4119. And even if there had been no symptoms for 20 years?—I do not know of any such case; there may be cases that have been 20 years without showing any symptoms; in my experience I have not seen them.

4120. *Dr. Dodds.*] We have it in evidence that there is a large group of anæsthetic cases that, after surviving a period of 12 years, have become free from active disease; have you in practice found such?—There are always cases of leprosy where the toes and fingers are gone and the patients remain without any symptoms for a varying number of years.

4121. Would it be a legitimate experiment, in your opinion, to discharge those cases?—I do not see how you could specify any period within which the symptoms might not reappear.

4122. If there is no proof of the contagiousness of leprosy, do you think it is right to take away the liberty of the subject for a term of years?—That raises the question of allowing lepers to go free altogether.

4123. It is entirely a question of the danger that lepers are to the community. I understand you to say that you have got no proof of contagion at all?—No; I have no immediate proof.

4124. Have you proof enough to warrant you in taking the extreme course of depriving all these people of their liberty?—I do not think there should be any distinction made between self-cured and other cases.

4125. *Chairman.*] I understand that you do not believe in such a thing as self-cure, only an arrest of the disease?—I believe in the temporary arrest of the disease.

4126. *Dr. Greathead.*] In the course of your reading on leprosy have you come across any authorities who speak of self-cured cases?—Yes. "Thin" and others make mention of such.

4127. You do not agree with them?—No. I do not believe in any permanently cured case of leprosy. I have never seen one. I have had only 13 months' experience.

4128. *Dr. Herman.*] We have been told of a man who died a leper

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when he was nearly 100 years old, and he had had no symptoms for something like 50 years; do you think such a condition possible?—I am not aware of any such case.

4129. Are you aware that it is asserted that there are about 100 self-cured cases on the island?—Yes.

4130. Have none of those cases come under your knowledge at all?—I have never been pointed out any case.

4131. You have not recognized them as self-cured cases?—No. I have seen cases that that have looked for years apparently well, and the sores have broken out afterwards; the period of rest is very uncertain.

4132. Is there not a class of cases without any sores at all?—I have never seen any on the island of whom it might be said that they would never have sores.

4133. Do you consider that the recurrence of the active condition of leprosy is dependent on the existence or non-existence of sores?—No, not necessarily, there are other symptoms besides sores.

4134. In your opinion it would be unfair to say that because a leper has had no sores therefore he is cured?—If a leper had no sores I should not regard him as self-cured.

4135. *Dr. Dodds.*] You think once a leper always a leper?—Yes, I should find great difficulty in being able to diagnose the cure unless you could ascertain the absence of the cause of the disease from the body, it is impossible to call the case cured.

4136. *Chairman.*] Have you any records of cases where leprosy has been spread by vaccination?—There are records of two cases of leprosy that have been spread in that way. I know of no cases personally.

4137. Are those cases on Robben Island at present?—No; both the patients died before I went to the island.

4138. Are those the two cases referred to by "Tebb"?—I do not remember, but I believe so.

4139. You have no knowledge yourself of leprosy having been spread by vaccination?—No.

4140. Have you vaccinated much?—Yes, in different countries.

4141. In the countries you have already mentioned?—Yes.

4142. Have you ever met with any case where the disease has been spread in that way?—No. I may state that in Mauritius and Bourbon I vaccinated about 500 natives from the east coast of Africa who were employed on the sugar plantations. I have never heard of an authentic case of leprosy as a result of vaccination.

4143. What was the method of vaccination?—The ordinary method with lymph.

4144. Was it calf or humanised lymph?—Calf lymph in tubes.

4145. Not arm to arm vaccination?—No.

4146. Have you ever adopted arm to arm vaccination?—Never, at any time.

4147. Is it possible do you think, to convey the disease in that way, assuming that you vaccinated from a presumably healthy subject?—It would be impossible for me to state, but I should imagine that adopting the usual precautions the risk would be infinitesimally small.

4148. Have you no scientific proof?—No.

4149. Have you formed any opinion on the subject apart from any proof?—I believe apart from any proof that it would be most unlikely.

4150. *Dr. Greathead.*] Have you ever been engaged in private practice?—Yes.

4151. Did you ever notice that patients are very fond of saying that vaccination is the cause of all sorts of complaints?—Certainly. They put

down any ailment that a child gets after being vaccinated to vaccination.

4152. Do they think that even the constitution may be handed from one to another?—Yes.

4153. Then you would be very cautious in accepting any statements from patients, would you not?—I should be extremely cautious in cases of that kind.

4154. *Dr. Herman.*] Have you ever vaccinated any lepers?—No.

4155. Is there a large number of lepers on Robben Island not vaccinated?—They are not all vaccinated I believe.

4156. Could you supply us with any information showing which patients have been vaccinated and re-vaccinated, the source from which the lymph was obtained and so on?—Yes. Out of 210 women 145 have been vaccinated; and of these 43 have been re-vaccinated. It is impossible I believe to find out the source from whence the lymph was obtained.

4157. Have the children of leper parents been vaccinated?—Some of them were vaccinated before they came to the island.

4158. Have the children born on the island been vaccinated?—Only one child has been born there in my time that is now living.

4159. *Dr. Dodds.*] Have you any proof of the contagiousness of leprosy?—No. My opinion is that the risk of contracting leprosy by contagion is very small; it is not based on fact, but it is my opinion as before stated.

4160. *Dr. Herman.*] Have you any facts to guide you in arriving at your opinion?—There are a number of families of lepers not affected with the disease and I consider the number of persons who come in contact with lepers and who in consequence contract the disease small.

4161. Have those families come under your notice, or do you merely take the statement of the patient?—I take the statement of the patient so far as it is borne out by the history of the case.

4162. Do you think that that is fairly conclusive evidence to go upon?—I think fairly so.

4163. On the other hand is there not a number of cases on the island, coming from some house, farm neighbourhood, or where there is leprosy?—In answer to that I may say that I have two tables, one showing the members of families affected in a direct line and indirect line out of 634 lepers. The table is appended marked G.

G.—Table Showing Relations of Lepers who are or have been affected with the Disease.—Among 634 Lepers 184, or 29·02 per cent., admitted Relationship.

Direct Line, Total 59, or 32·06 per cent.				Coequal Line.	Collateral Line.	Relations at Law.
Father and others.	Mother and others.	Both Parents and others.	Grandparents and others.	Brothers, Sisters and others.	Uncles, Aunts and others.	Husbands, Wives and others.
25, or 13·58 per cent.	21, or 11·41 per cent.	4, or 2·17 per cent.	9, or 4·89 per cent.	58, or 31·52 per cent.	45, or 24·45 per cent.	22, or 11·95 per cent.

The remaining 450 lepers did not admit the existence of affected relatives.

4164. What does that prove to your mind?—To my mind it proves that the disease is not very contagious. I have another table which shows the number of children. I should say that the small percentage of leper children in this table was some evidence that the disease was not highly contagious or hereditary.

H.—Table Showing Number of Children, Living and Dead, of 270 Leper Parents who are or have been on Robben Island.

One Parent only affected.																		Both Parents affected. One Case only. 2 (Anæsthetic.)					
Anæsthetic.						Tubercular.						Mixed.						Children born before disease began.			Children born since disease began.		
Number of Parents having Children .. 155 Number of Parents without Children .. 7 Total .. 162						Number of Parents having Children .. 65 Number of Parents without Children .. 11 Total .. 76						Number of Parents having Children .. 27 Number of Parents without Children .. 3 Total .. 30						Total.	Living.	Dead.	Living.	Dead.	Children who are lepers included in foregoing.
Total.	Children born before disease began.		Children born since disease began.		Children who are lepers included in foregoing.	Total.	Children born before disease began.		Children born since disease began.		Children who are lepers included in foregoing.	Total.	Children born before disease began.		Children born since disease began.		Children who are lepers included in foregoing.						
	Living.	Dead.	Living.	Dead.			Living.	Dead.	Living.	Dead.			Living.	Dead.	Living.	Dead.							
781	358	215	135	73	6	387	224	109	43	11	6	125	55	38	22	10	1	1	1	..	..	..	1
573			208			333			54			93			32			1			..		
Total, 781						Total, 387						Total, 125						Total, 1					

Total number of Children 1294, of whom 14 are lepers.

4165. What was the total number of children?—1294.

4166. And how many are affected?—14. Some of those were born before the parents contracted the disease and some were born after.

4167. Why did you draw up these tables?—For the information of the Commission, in order to show that the disease could not be very contagious in families living as these families do, all huddled together, and where contagion should be very evident.

4168. Do you make the point clear that these children were in contact with their parents?—People who know anything whatever of the habits of life of the class of patients we have on Robben Island are aware that they live probably in one room, and in very poor circumstances and unhealthy surroundings.

4169. Have you made any allowance for the children who probably go out to work and leave their parents altogether?—No. I have made no deductions; I have only given the actual facts.

4170. *Dr. Dodds.*] Is there anything to show the age of the children: many of them may not have had time to become lepers?—That is quite possible. I have only given a simple statement of facts.

4171. Does not one table rather contradict the other?—No, I do not think so, I would take the two tables together. I consider that even if due allowance was made, the number of children affected is small in comparison with what one would expect if the disease was virulently contagious.

4172. *Chairman.*] Do not these tables also hinge upon the statements of the parents only?—I have stated already that those statements are not entirely reliable.

4173. None of those children have been inspected as far as you are aware either by yourself or any medical man, have they?—In the statements forwarded with the lepers it is stated whether the children have been inspected or not.

4174. Who forwards the statement?—It is forwarded by the resident magistrate; it is part of the general statement.

4175. Does the magistrate say who inspected the children; whether the field-cornet, the minister, or any medical man?—He simply says that the children have been inspected.

4176. Do these tables show the date they were removed from dwelling with their families?—Some of the patients have been on the island a number of years, and the children would have had a chance of developing leprosy.

4177. Is there any evidence to show that anybody has seen them recently?—I cannot speak from personal knowledge on that point.

4178. *Dr. Herman.*] To your mind the disease is only slightly contagious?—I believe it is not so contagious as is generally believed.

4179. Is not the proportion among relatives large as compared with the leper rate among children?—I have only attempted to give a general idea; I have made no deductions.

4180. If you take the table in which there is direct or indirect relationship, does not that show that there must be rather a more active contagion than you are willing to admit?—It would only be 29 per cent. I should consider that that evidenced a small amount of contagion.

4181. Have you had any experience in trying to investigate the occurrence of typhoid or diphtheria in practice?—Yes.

4182. Have you found any difficulty in tracing contagion in cases of typhoid fever or diphtheria?—Yes, a great difficulty. There is always a difficulty in tracing typhoid to pre-existing cases, more especially in this country.

4183. You are aware that up-country considerable epidemics of typhoid and diphtheria occur occasionally?—Yes, and it is quite impossible to trace the connection of different cases.

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4184. Would not that be rather an important factor to bear in mind in analysing the facts you have elicited in your tables?—I should take the tables only after the statement I have already made to the Commission—that the evidence obtained from the lepers was not thoroughly reliable; it is approximate; after all, all statistics are only approximate.

4185. If it is possible to deduce some form of contact in nearly one-third of the cases you have given us, is not that sufficiently weighty evidence as to the probable way in which leprosy is spread?—I should say that 29 per cent. would not show that it was violently contagious, considering the way these people live together.

4186. What evidence have you to prove that there was no contact in the negative cases you mention, did you investigate that point?—Yes, to the best of my ability.

4187. Did none of the cases come from the same farmhouse or the same locality?—I could not say; I have not made any table showing the locality of those admitting relationship.

4188. Have you tried to trace the locality of those not admitting relationship?—No.

4189. The 450 cases you speak of have to be investigated still upon that line, have they not?—Yes, I have not done so.

4190. In your experience are there not among those cases some people who had been working together or who had been working under some person who was infected?—It is extremely difficult to get patients to make any statement with regard to contagion.

4191. Are the lepers on the island anxious to disprove the contagion theory of leprosy?—I believe the general opinion among lepers is that the disease is not contagious.

4192. Do you find that they are now being educated to the fact that it is not contagious by their seclusion on the island: in other words, in their anxiety to get back to the mainland, are they not hiding facts from you which makes it difficult to elicit histories that might guide you?—Yes, I have several times stated that all the facts I submit now can only be taken in an approximate way, although I have checked them and visited every individual several times in order to have them as correct as possible.

4193. Are the facts you have elicited actually complete and reliable?—To the best of my knowledge they are, as before stated.

4194. As lepers would not be likely to make statements which would tell against them, may we take them, do you think, as reliable?—Yes, I have endeavoured to get the histories corroborated as far as possible by others. It is only by carefully watching patients and finding out from others that you can arrive at any satisfactory conclusion. The first time I made my investigations I met with numerous discrepancies.

4195. From your experience do you think it likely that a positive statement as to 184 relatives being affected is likely to be unreliable?—Not taken as a whole. I have taken it as approximately correct.

4196. Is it likely to be under or over stated?—I should say that if there is an error it is on the side of under statement.

4197. Bearing all these facts in mind, the difficulty of tracing cases of leprosy to contact and the difficulty of relying upon the statements of lepers, do they not prove that there is a high degree of contagiousness in leprosy?—No; I do not think so. The tables simply show the relatives who had been affected, they do not show the men, women and children with whom the lepers came in contact; they must have come in contact, in the course of their work and daily life, with a great number of people.

4198. It would be all very well if we were trying to find out whether leprosy was very highly contagious in an epidemic sense, but we are simply trying to find out whether the disease spreads by contact. You have elicited

for us the fact that 184 people out of 634 are affected by the disease, and you admit that a certain proportion of these cases is probably understated and that some of the statements are unreliable, so the probability is that a larger proportion actually exists; would it be unfair to state that one-third can be regarded as showing some line of contact?—I should say that one-third, considering the circumstances under which these people live, would not prove a high degree of contagiousness.

4199. Would it prove a line of contact?—I have several times stated that I believe that the disease spreads from one individual to another.

4200. In one-third of the cases, I understand, you prove a line of contact?—29 per cent. admit they have or have had relations affected.

4201. *Dr. Dodds.*] Would you find anything like the same proportion in the general population?—I cannot say about the general population. The 634 do not represent patients on the island now alone, but cases that have been collected from the case-books, and the 269 leper patients do not represent the patients that I have had altogether under my charge, but the patients who were on the island before I came there.

4202. *Dr. Herman.*] Have you attempted in any of the cases to find out whether a particular form of leprosy was more likely to be traced in a direct or indirect line?—I was unable to trace that because many of the relatives were dead and the patients were unable to tell me how the relatives were affected. It is most difficult to get any information and it requires constant checking. There is no question that if the figures were gone over again, a slight difference would be found now in them.

4203. Do not you find that it is not only difficult to get any information from lepers but that they persistently deny the existence of leprosy?—Unquestionably there are great difficulties in getting information which is thoroughly reliable from lepers.

4204. At what age have you found that leprosy begins in children; have you worked out any table to show that?—I have only worked out a table showing the average age when the first symptoms appear: it is about 25 or 30 years. That is according to the patients' statements.

I.—Table Showing Average Age at Commencement of First Symptoms.

Total Number of Cases, 645.					
Males 403, or 62·5 per cent.			Females 242, or 37·5 per cent.		
Anæsthetic 210, or 52·11 per cent.	Tubercular 130, or 32·25 per cent.	Mixed 63, or 15·63 per cent.	Anæsthetic 150, or 61·98 per cent.	Tubercular 76, or 31·41 per cent.	Mixed 16, or 6·61 per cent.
Average Age at Commencement of First Symptoms.					
25·93 years.	24·78 years.	25·8 years.	25·56 years.	25·57 years.	30·81 years.

4205. That table shows all the children taken together under 25 years, as well as adults?—They are various ages.

4206. You say that out of 1294 children 14 were affected, what were their ages?—The following table shows that.

J.—Table Showing Ages of 14 Children in Table H. and other details.

Details of Parents.				Number of Healthy Children born before disease began.		Number of Healthy Children born since disease began.		Number of Leper Children born before disease began.		Number of Leper Children born since disease began.		Total.	Details of Leper Children, Living or Dead.		
Number.	Form of Disease.	Age when disease began.	Sex.	Living.	Dead.	Living.	Dead.	Living.	Dead.	Living.	Dead.		Form of Disease.	Age when Disease began.	Sex.
4	A.	41	F.	1	1	..	..	..	1	..	..	3	T.	5	M.
6	A.	45	F.	3	2	2	5	1	..	..	..	13	A.	16	M.
109	A.	69	F.	4	4	..	3	..	..	..	1	12	A.	14	M.
193	A.	50	F.	2	7	..	..	1	..	..	..	10	A.	31	F.
59	A.	48	F.	5	..	..	..	2	..	..	..	7	A. A.	26 28	M. F.
192 both 13 parents.	A. A.	31 48	F. M.	6	..	..	..	1	..	..	..	7	A.	9	M.
73	T.	35	F.	7	3	1	..	1	..	..	..	12	T. (?)	1½	F.
207	T.	35	F.	2	5	..	..	2	..	..	..	9	T. T.	9 8	M. F.
115	T.	42	F.	4	2	..	..	1	..	..	..	7	T.	32	M.
289	T.	40	M.	3	9	..	..	1	..	..	..	13	T.	15	M.
272	T.	41	M.	4	2	..	..	1	..	..	..	7	T.	18	M.
290	M.	37	M.	7	2	..	..	1	..	..	..	10	T.	7	M.
Average age when disease began, 40·38 years.				48	37	3	8	12	1	..	1	Total 110	Average age when disease began, 16·28.		

4207. Have you any idea as to the average age of those children?—It is given at foot of table J, 16·28 years.

4208. You said there was one case where both parents were affected, which was affected first?—The father was affected in 1889; his name was William, a Kafir aged 50. The number in the case book is 13. He is now dead, and he became affected at the age of 46. He died from phthisis, and was suffering from anæsthetic leprosy. His wife, also a Kafir (No. 192) was also affected in 1889.

4209. After her husband or before?—I believe it was after her husband as far as I remember, and a son was born before either of the parents contracted the disease.

4210. What part did they come from?—From East London.

4211. Did the mother have any more children afterwards?—No.

4212. *Chairman.*] At what age did the son contract the disease?—At nine years of age.

4213. Was he living with his parents all that time?—Yes.

4214. *Dr. Herman.*] Could you give us any idea as to the birth-rate among lepers; does leprosy induce sterility at all do you think?—Yes. I think the tables show the birth-rate, also that the disease tends to lessen the number of children. The difference in the number of children born before and after the contraction of the disease seems to be very marked.

4215. Can you work that out on a percentage basis for the Commission?—Yes. (See table K.)

K.—Table Showing Percentage of Children Born before and after Disease began.

Only One Parent affected.																		Both Parents affected.	
Anæsthetic, 60·00.						Tubercular, 28·03.						Mixed, 11·90.						With Anæsthetic Form.	
Percentage of Parents having Children, 95·6 Percentage of Parents without Chidren, 4·4						Percentage of Parents having Children, 85·5 Percentage of Parents without Children, 14·5						Percentage of Parents having Children, 90 Percentage of Parents without Children, 10						·07	
Total Number of Children 1,294, of whom 14 are Lepers, or 1·08 per cent.																		Total per cent.	Children born before disease began, living.
Total per cent.	Children born before disease began.		Children born since disease began.		Percentage of Leper Children in foregoing.	Total per cent.	Children born before disease began.		Children born since disease began.		Percentage of Leper Children in foregoing.	Total per cent.	Children born before disease began.		Children born since disease began.		Percentage of Leper Children in foregoing.		
	Living.	Dead.	Living.	Dead.			Living.	Dead.	Living.	Dead.			Living.	Dead.	Living.	Dead.			100·0
60·35	45·7	27·6	17·3	9·4	·07	30	57·9	28·1	11·1	2·9	1·55	9·65	44·0	30·4	17·6	8·0	·08	·007	
	73·3		26·7				86·0		14·0				74·4		25·6				

4216. Can you show the number of children born of leprous parents where either the mother or the father was affected?—Yes, but even with the most careful checking there will always be a difference found in the tables; it is so difficult to get accurate information. I have checked the tables three times.

4217. Is there any information concerning leprosy that is not difficult to get?—No.

4218. Is the mortality high among the children of leprous parents?—Yes, I should say so.

4219. *Chairman.*] Do you attach much importance to heredity as a means of spreading the disease?—I believe that constitutional predisposition might have a favouring action.

4220. Do you understand by heredity the actual transmission of the disease?—The actual transmission from the mother to the fœtus *in utero.*

4221. Have you any instance of that?—No, I have not.

4222. Have you ever read of any instance of a child being leprous at the time of birth?—Yes. I believe there is a case mentioned in the journal of the Leprosy Investigation Committee.

4223. Is it a rare occurrence?—I have never seen a case of that sort, and I am not able to speak from personal experience.

4224. Is the disease spread by means of predisposition inherited from the parents?—I think children of leprous parents might be more likely to contract the disease if exposed to it.

4225. Would you regard the children of leper parents as predisposed to the disease?—I should say that things being equal, the children of leprous parents, if exposed to the disease, would be more likely to contract it.

4226. Under healthy conditions do you think the children of leprous parents are likely to escape the disease?—Yes.

4227. Have you any knowledge of recorded facts in support of that?—Yes; from results published by the Indian Commission.

4228. You think the disease would only be spread under unfavourable circumstances?—Yes, in my opinion.

4229. Do you think the children of leprous parents inherit any special tendency or proclivity to the disease; more so than the children of healthy parents?—I think they would be more likely to contract the disease, other things being equal, than the children of healthy parents, if they are exposed.

4230. Do you think the predisposition to the disease would be very much modified by favourable conditions?—Yes.

4231. Do you think the disease might remain dormant and entirely disappear?—Yes. I refer to the predisposition to disease.

4232. If the general hygienic surroundings, diet, and so on were favourable?—Yes.

4233. Do you think the disease is spread by means of conjugal intercourse?—I have no records as to that.

4234. Are there any records of a healthy man contracting the disease from a leprous woman or *vice versâ*?—I believe there is a number of cases on the island where married men who have been lepers, have had intercourse with their wives who are at present healthy.

4235. Are they still living on the island?—There are healthy men who have leprous wives living on the island, and leprous women who have healthy husbands.

4236. Were the husbands and wives respectively healthy when they were last heard of?—I believe so. There is recent information as to a considerable number of them.

4237. Within what period?—I could not say, but their friends and relatives visit the island constantly and I have opportunities of seeing them from time to time.

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4238. Would you say within the last year?—Yes.

4239. And they are still healthy?—Yes, some of them have lived with their wives or husbands for a considerable period while they were lepers.

4240. Would you allow conjugal intercourse between two lepers under any conditions?—From the one case I know of it would be hard to form an opinion. I have only knowledge of one case where both were affected. There was only one child born and that was before the disease was contracted.

4241. With a view to ameliorate their condition would you allow a leprous man and wife to live together if the woman was past the child-bearing period?—Yes.

4242. *Dr. Herman.*] Would you allow it before that period?—No.

4243. *Dr. Dodds.*] Do you only know of one case where the husband and wife were leprous?—Yes.

4244. What is the age of the youngest leprous child you have known?—Four years is the youngest undoubted case.

4245. *Chairman.*] Have you ever known of a case of leprosy due to sexual intercourse?—No, not that I could prove.

4246. Would you allow conjugal intercourse between a leper and a non-leper under existing circumstances, combining it with isolation?—I would not allow it.

4247. Do you think it might possibly spread the disease?—I should say that there might be a possible risk.

4248. With reference to the period of incubation of leprosy, have you formed any opinion from cases that have come to your knowledge on Robben Island or elsewhere?—I have been unable to form any logical conclusion.

4249. Is there such a thing as a period of incubation in leprosy; have you any evidence?—No.

4250. Is there no recorded case that you know of?—If I could form any idea as to the period of incubation I should be able to arrive at some conclusion as to the method in which the disease was contracted, but that I am unable to do.

4251. *Dr. Herman.*] Is there a period of incubation, or does the disease start the moment the poison has been introduced into the system?—My own opinion is that there is such a period of incubation, but it is not based on personal observation.

4252. *Chairman.*] Is it possible to diagnose the disease during the period of incubation?—Not before the appearance of the symptoms.

4253. In the early stages of the disease is there much difficulty in diagnosing it?—Yes, considerable difficulty.

4254. May it be mistaken for other diseases do you think?—Yes.

4255. What might you mistake it for?—I think that anæsthetic leprosy might be mistaken for many nervous lesions; the tubercular form has been mistaken for syphilis, various skin diseases, &c.

4256. In the early stages is there in all cases a difficulty in diagnosing the disease?—Yes.

4257. Even on the part of experienced men?—Yes.

4258. Do you consider that there is a certain class of cases which might be called doubtful?—Yes.

4259. Do you think there is any risk of spreading the disease by means of doubtful cases?—I consider that it would be advisable in doubtful cases to place them under observation; there is a certain risk.

4260. How would you deal with such cases?—I would place them under observation for a certain period.

4261. How would you deal with such cases so as to minimize the risk of spreading the disease?—I think such cases should be examined by two medical men from time to time, as often as was necessary.

4262. Would you advise some alteration in the law so that such cases should be examined and reported upon?—Yes.

4263. Should a register be kept of them ?—Yes.

4264. *Dr. Dodds.*] Are there any doubtful cases on Robben Island ?—There are two cases which on arrival were considered doubtful cases and they have been placed in a room by themselves and watched. I do not think they are cases of leprosy.

4265. Did they pass through the Old Somerset Hospital ?—I cannot say, I do not receive the papers ; I only see the patients when they arrive. These were two coloured females.

4266. When were they admitted ?—About a month or six weeks ago to the best of my knowledge.

4267. *Dr. Herman.*] Are those cases isolated ?—There is no means of isolating them. They are in the day room, but I cannot say that they are isolated in the medical sense of the word.

4268. *Dr. Dodds.*] How long would you detain them on the island ?—I have examined them thoroughly every week and I have been informed by the superintendent that the rule of the island was to keep them two months. That has been the rule as long as I have been on the island. After that time a report is made to the Colonial Office that the cases are doubtful, and they are dealt with accordingly.

4269. *Chairman.*] Where are these patients kept on the island ?—In the day room.

4270. Do they live with the leper patients ?—Their beds are in the day room.

4271. Do they mess with the leper patients ?—I have told the matron to keep them separate to the best of her ability. There is no accommodation for isolating them in the medical sense of the term.

4272. Have you at present any probation ward on the island ?—No. In September last I requested that such a place might be provided, but nothing has been done so far as I am aware.

4273. *Dr. Herman.*] Do you remember a doubtful case of Catherine McDonald ?—No.

4274. She was admitted into the Old Somerset Hospital on the 27th of January and discharged on the 12th of May ; have you any record in your books with regard to her case ?—No.

4275. Are there any other doubtful cases on the island ?—Yes, there is the case of a Kafir named Seducaneel.

4276. Was he passed on as a leper ?—Yes.

4277. What date was he admitted ?—I cannot say ; it was quite lately, at the beginning of the present month, I think.

4278. Did he come from Bechuanaland ?—Yes.

4279. Was he transferred on the 12th of February ?—Yes. I do not believe he is a leper. I have certified that he is not.

4283. Is he isolated ?—I cannot say, because since that date Dr. Impey has had charge of the male leper wards. I believe that Dr. Impey has certified that he is a leper.

4281. Was not there a large batch of cases from Bechuanaland about that time ?—Yes.

4282. *Dr. Dodds.*] What would be done in a case where you certify one thing and Dr. Impey another ?—I can hardly say from my personal knowledge. Such a case has not arisen. I presume the Colonial Office would get the opinion of another medical man.

4283. Has that been the case before ?—I have been informed that in such a case that would be the course of procedure.

4284. We have been told that the benefit is always given to the supposed leper in doubtful cases, is that so ?—Within my knowledge no such case has arisen before where there was any difference of opinion.

4285. *Dr. Herman.*] How many cases have been sent over that were clearly recognized to have been non-leprous ?—I cannot say exactly.

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4286. Were there not several cases from Bechuanaland lately?—Yes. I was in charge at the time and I remember sending back one or two cases immediately.

4287. How did it happen that they were sent over to Robben Island without being stopped in Cape Town?—I do not know, they were sent over as possible doubtful cases.

4288. Do you not consider it a hardship they should be treated in that way?—Possibly the medical officer on Robben Island had had larger experience of leprosy than the medical officer in Cape Town.

4289. Would you suggest the establishment of a receiving house either on the mainland or on Robben Island, where cases could be carefully examined?—Yes, I suggested last year that there should be one on the island.

4290. Would it not be more to the advantage of the patients themselves if they could be isolated for a short time nearer to their homes?—Certainly.

4291. Mr. de Smidt mentioned a case where a man was sent over to the island as a leper when he was suffering from nothing more than bed-sores, have you any recollection of that case?—The following is an extract from the case book *re* Jacob Fischer: "Admitted to Robben Island Leper Wards, 26th July, 1892, from D'Urbanville; Bastard race; occupation, herd; widower; has always enjoyed good health till four months before admission, when he was laid up with a bronchial attack; small superficial ulcer (bed sore) over right scapula, which healed rapidly under treatment; no disfigurement of face, hands or feet; sensation perfect; no tubercular deposits; has bronchitis and emphysema, complicated with heart disease; no sign or symptoms of leprosy can be discovered." Then there is this extract from the leper register: "Jacob Fischer, no warrant, discharged 12th August, 1892." I remember a case of lupus that was sent over, and there was also the case of a boy named Ostrich or Ramazoa, who had an extensive burn on the side of his head and also on his shoulder. He was discharged as a leper.

4292. Could you forward us some information as to that case?—Information could be got from the Colonial Office. That case would not be entered in the case book as the man was not a leper.

4293. How then did he come to be forwarded as a leper?—I suppose he was forwarded by the district surgeon. He came from Barkly West, and was admitted on July 22nd, 1893. He was discharged from the island by the Governor's warrant on the 22nd October, 1893.

4294. Then he was kept for practically three months on Robben Island was he not?—Yes, he was reported immediately it was recognized that he was not a leper. I cannot say how soon after his admission the report was sent in.

4295. What statement came from the Old Somerset Hospital with that man?—I did not see the statement.

4296. Is there no record supplied with these cases as to the observations made at the hospital?—I do not see the papers.

4297. Was this man recognized immediately as a non-leper?—Yes.

4298. Should not some authority be vested in the medical officer to discharge such cases at once?—Yes, but we have no place to put them in the meantime.

4299. Is it not in your opinion a most intolerable hardship that a man who is simply suffering from a burn on his head should be locked up for a long time in that way with persons suffering from leprosy?—Yes. This case most undoubtedly was a hard one.

4300. *Dr. Dodds.*] What was the reason for the delay in that case?—I am unable to state.

4301. *Dr. Herman.*] Was that case immediately reported to the Colonial Office?—I do not know when the letter went away.

4302. Are there any other doubtful cases that have been admitted to your knowledge?—There have been other cases. There was a case of lupus (No. 206). The man's name was David. He was admitted on Robben Island, October, 1892, and came from Colesberg.

4303. Was that before the proclamation of the Act?—No, the Act had been already proclaimed.

4304. What about the case of lupus?—When I was taking the patients' cases I found there was a man suffering from lupus and I reported the circumstance at once. He was placed under observation for two months and then reported to the Colonial Office as not being a leper. Both Dr. Impey and myself gave certificates to the effect that he was not affected with leprosy, and he was discharged by warrant on the 22nd of October, 1893.

4305. How long was he kept on the island?—One year.

4306. Have you known of any other cases that have been found to be non-leprous after examination?—There is a case of Lys Joubert from Malmesbury, admitted on the 24th of August, 1893, and discharged in September, 1893. She had a black eye, a contusion.

4307. Do all the cases pass through the Old Somerset Hospital?—I cannot say.

4308. I find that Dr. Cox makes mention of that case. She was sent to the island on the 24th of August, 1893, and discharged on the 22nd of September in the same year; she was kept on the island a month was she not?—Till we got a warrant to discharge her.

4309. Did you recognize that case at once as being non-leprous?—I think the second day I sent in a certificate to the effect that there was nothing the matter with her.

4310. How do you explain such a case being certified by the district surgeon, passing through the Old Somerset Hospital, and being sent over to the island, when the only complaint was a contusion of the eye?—I am unable to say.

4311. *Dr. Dodds.*] Did both Dr. Impey and yourself agree about the case?—Yes.

4312. How soon do you examine a case after arrival?—I examine immediately after the patient lands. There is an examination at the boat house in a superficial way. If there is any doubt I take the patients into a small house there for further examination.

4313. *Dr. Herman.*] It would seem that either the disease is exceedingly difficult to recognize or else that there must be most serious and culpable negligence in dealing with such cases sent over to the island?—I have already stated that the disease is difficult to diagnose in many cases.

4314. Does not that point to the fact that the greatest care is necessary to diagnose the disease?—Considering the number of patients who come over to the island, the percentage of error in diagnosis would be certainly very small; cases of error have occurred undoubtedly. I should advise the necessity of having two medical men to certify to all cases.

4315. Does not that in your opinion emphasize the necessity for a more systematic and careful examination of these cases?—I do not know what means are adopted now. I have no means of knowing except on the island.

4316. It is stated in evidence that the Old Somerset Hospital is the receiving house for all doubtful cases, and they are detained there if the boat is not leaving at once?—I am in the habit of receiving private information from Dr. Cox when the lepers come over. He tells me occasionally that there are doubtful cases coming over, and if I have any doubt I am to return them at once.

4317. Was there any such statement accompanying the cases you have referred to?—Yes, with several.

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4318. After these cases have been discharged from the island, I suppose there is still some chance of their turning out to be leprous; do not you think they ought to be kept under some kind of supervision in their own homes?—There is no provision whatever on the island for isolating these people.

4319. Are you bound to discharge them?—Yes, as soon as the warrant arrives. That rests with the administration. I send in a certificate to the chief medical superintendent that the cases are in my opinion non-leprous. I know nothing of what is done subsequently.

4320. Would it not be carrying sanitary supervision to extreme limits if cases simply regarded as doubtful were to be locked up for any period at all?—I think that if there is any reasonable doubt they ought to be observed.

4321. *Dr. Dodds.*] If you established a receiving house for doubtful cases, how many patients ought to be provided for?—Provision for three males and three females would be ample in regard to doubtful cases.

4322. *Dr. Herman.*] Would it not be carrying sanitary supervision to an extreme limit to incarcerate people whose condition after all was only doubtful?—It is rather hard to say. If there is reasonable doubt, they should be observed.

4323. Dr. Cox mentioned the case of a man who came to the Old Somerset Hospital with a large granulating wound on the elbow; he was not sent on to the island, but was discharged as a leper and is still in the hospital as a chronic sick patient; have you any knowledge of such a case?—I do not remember any such case. There is the case of a man named Maclean, a convict, who was sent over and returned the same day.

4324. Was he simply sent over for diagnosis?—Yes.

4325. *Chairman.*] Do you approve of segregation generally speaking?—I approve of limited segregation.

4326. Do you approve of the present system of segregation and the forms prescribed under the Act, or would you suggest any modification?—I would suggest that the medical examination should be better carried out. I think there should be a certificate by two medical men instead of one.

4327. Do you think that such an alteration would sufficiently safeguard the liberty of the subject?—I think it would be advisable to have the certificates of two medical men.

4328. Would that be a safeguard in the direction of eradicating the disease?—I think so.

4329. *Dr. Dodds.*] On what grounds are you in favour of segregation?—I have already stated that I am in favour of limited segregation.

4330. Are you in favour of compulsory segregation in the case of leprosy?—No, I am not entirely.

4331. *Chairman.*] Why are you not in favour of compulsory segregation?—For the general reasons I have already given. I do not believe that the disease is so virulently contagious as to justify imprisonment for life, for that is what segregation amounts to.

4332. You do not believe that the disease is so strongly communicable as to endanger the health of the community, do you?—To no greater extent than other diseases, in fact, not to such a great extent as other diseases in regard to which there is legislation.

4333. What diseases would you instance?—Syphilis and phthisis for example.

4334. *Dr. Herman.*] Is there, do you think, the same possibility of stamping out phthisis and syphilis as there is of stamping out leprosy?—I should be unable to say. I have had no large experience. Segregation for phthisis has not been tried as a means of eradicating that disease.

4335. Is there the same possibility of being able to isolate patients suffering from syphilis and phthisis as there is of isolating patients suffering

from syhpilis?—I suppose there are other social reasons why isolation has not been adopted for phthisis and syphilis. From a medical point of view it would be equally justifiable to isolate such cases.

4336. *Dr. Dodds.*] Is it practicable to do so?—I should say that in the case of syphilis it has been proved to be practicable and beneficial. The records from military stations and elsewhere would show that isolation in cases of syphilis has tended to diminish that disease greatly.

4337. *Dr. Greathead.*] Is it not the fact that one is amenable to treatment and the other is not?—Yes; they are not exactly similar certainly.

4338. *Chairman.*] What modification would you suggest in the present Act?—I would suggest that paupers and persons unable to support themselves in a method to be approved of by the medical faculty, and keep themselves apart, should be isolated compulsorily.

4339. In the case of paupers would you compulsorily isolate them on Robben Island or elsewhere?—Yes.

4340. *Dr. Edington.*] Would you apply compulsory segregation to one class and not to another?—I would apply it to that class of persons unable to take care of themselves.

4341. *Dr. Greathead.*] And isolation also?—Yes: in the case of those who were unable to isolate themselves.

4342. *Dr. Edington.*] If persons were not able to do it for themselves, would you do it for them?—Yes.

4343. *Chairman.*] Where would you propose to isolate the pauper class?—I should say on Robben Island or any suitable place on the mainland, preferably the latter.

4344. Would you be in favour of isolating them on Robben Island now, or would you be in favour of removing the whole establishment to the mainland?—That is a very difficult question to answer. There are many points in favour of Robben Island and also in favour of the mainland. The chances for occupation of the lepers on Robben Island are limited; they cannot do any gardening for instance. I should be in favour of the mainland.

4345. Broadly speaking you would isolate paupers who were leprous on Robben Island; how would you provide for those persons who could pay something; take for instance the case of a well-to-do man living on his own farm?—I should insist upon his living apart from his family, and using separate utensils, bedding, and clothing, &c.

4346. Should such patients be under the supervision of some local authority who would see that the regulations were carried out?—Yes.

4347. Would you consider that at all difficult to carry out?—I think it could be done.

4348. Would you allow such patients to isolate themselves on their own farms under strict rules and conditions to be laid down?—Yes.

4349. How would you deal with such cases if you found that the rules were transgressed and not carried out effectively?—I would remove them to the asylum if I found they were unwilling or incapable of carrying out the regulations laid down.

4350. Take the case of persons who live in towns or villages, how would you propose to isolate them?—If I were satisfied that they would comply with the regulations laid down, I would apply the same system.

4351. Could you do that in towns or villages?—Each case must be dealt with on its own merits. If I found the regulations were not carried out, I would compel the patients to go to the asylum.

4352. Would you have an asylum for that purpose on the mainland for the better class of persons who were unable to comply with the conditions?—Yes; it would be an advantage.

4353. Would you be in favour of district asylums?—No. I would have an asylum where patients could pay so much, and where they would have more freedom than they enjoy at present.

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4354. Would you regard as an essential part of such a scheme the careful drawing up of a certain definite system to guide the local authorities?—Yes; and I would give the local authorities power in the event of the regulations not being carried out to remove any patients to the asylum.

4355. *Dr. Dodds.*] Looking at the matter from your point of view, what right have you to compulsorily segregate lepers at all?—I have not said that the disease is not communicable; I say that it is communicable to a certain extent. I advocate care being taken of those unable to care for themselves.

4356. *Dr. Edington.*] I understood you to say that it would be equally practicable and just to segregate in cases of phthisis or syphilis; therefore what reason have you for segregation in the case of leprosy?—Segregation for phthisis or syphilis is not adopted.

4357. Why would you adopt segregation for leprosy?—I do not say that it is not necessary to segregate in the case of phthisis or syphilis.

4358. *Dr. Dodds.*] Are you so satisfied in your own mind of the danger of leprosy that you think it is right to act in the direction of compulsory segregation?—I have not proposed wholesale compulsory segregation.

4359. You have for paupers, have you not?—Only for those who cannot take care of themselves.

4360. Why apply it to paupers if there is no risk of spreading the disease?—I do not say there is no risk. I have never made such a statement.

4361. You are satisfied that there is so much risk that if they did not observe certain regulations you would compulsorily segregate them, are you not?—Yes, in the case of that class who would not be in the position to attend to certain particulars.

4362. You think there is a certain risk from lepers being allowed to be at large, looking at the conditions of this country?—Certainly, I think the disease is communicable.

4363. *Dr. Greathead.*] Would you make any difference in the case of a leper in the early stage of the disease before there was any ulceration; would you allow all leper paupers to remain on the mainland, or would you isolate them in an asylum?—I would put all pauper cases in an asylum.

4364. And keep them there whether the disease was arrested or not?—Yes.

4365. Would you not agree to the discharge of arrested cases, and allow them to remain on the mainland under the supervision of the district surgeon?—Yes, provided there was power to send them to the island at once if the disease developed, if they were not paupers, and if they failed to adopt precautions.

4366. Would you allow such patients to return to their families if the disease was arrested for a certain period?—Yes, provided the regulations were carried out, and they were not paupers.

4367. Would you fix any definite time before discharging them, say five or ten years?—I think the discharge of pauper lepers would be an extremely difficult thing, as they would not be likely to remain in the same district very long; they would probably wander about, and it is a question whether efficient supervision could be maintained over them. From my own experience as district surgeon, it would be very difficult, especially in a large district, to keep an efficient supervision over discharged pauper lepers.

4368. Would you rather be inclined to keep them on the island?—Yes, in the case of pauper lepers. I would segregate them on the island or elsewhere.

4369. Would you recommend having a special asylum for such cases on the mainland, where they could have a little more freedom?—I think the pauper patients are satisfied with the island, speaking generally. It is the

better-class patients who are so anxious to get away. In my opinion, an asylum on the mainland would be better.

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4370. Do not a great many of the female lepers clamour to be allowed to go home?—I do not think when the time actually came for them to be discharged, even if they could be, that they would all wish to go. I have seen an example in the case of three women who were not lepers, and were in consequence discharged, who wished to remain.

Dr. Jane Waterston examined.

Dr. Jane Waterston.

4371. *Chairman.*] Are you one of the official visitors to Robben Island?—Yes.

4372. How often do you go there?—Once a quarter.

4373. Have the patients any previous notice of your going or do you go at any time?—There is no notice.

4374. What portion of the establishment do you generally inspect?—I always make straight for the female leper wards.

4375. Have you a good knowledge of the patients in the female leper wards and their general surroundings?—Yes.

4376. Have you ever found them discontented about anything?—They seem to object principally to being away from home.

4377. Do they ever complain to you about the quality of the food?—No. I have inspected the food and been present at meal time, and the food was good. They did not expect me that day, and the food was good and wholesome.

4378. They have never complained to you either as to the quality or quantity of the food they got?—No. I inspected both the quality and the quantity.

4379. Have they complained to you about the cooking of the food at all?—No. When I saw the food it was thoroughly well cooked.

4380. Were you of opinion that the food was as good as people of that class would get in their own homes?—It was a good class of food, the meat and vegetables; I am not sure whether I saw the bread.

4381. Did you inspect the tea and coffee?—I was not present at breakfast time, and I cannot say that I minutely examined the tea and coffee, but the dinner I can vouch for.

4382. Have any of the women ever complained to you about any scarcity of food or the quality?—Never.

4383. How long have you been a visitor on the island?—I am nearly the latest of the visitors. I have visited since last year.

4384. Have you visited the island many times?—Only four times, I think. I have talked to the Kafirs who cannot understand English, and they tell me that their only complaint is that they are away from their homes and children. That seems to be their only grievance.

4385. As regards the accommodation, the buildings and so on, have they complained at all about the cold in winter or the heat in summer?—I noticed that in winter there was a desire to shut the windows; they complained of the cold, and the place was insufferably close, and I ordered them to be opened. I speak of the sleeping rooms.

4386. At night I suppose it would be much worse, would it not?—Yes, very much worse, and very bad for their health.

4387. Have they complained about the washing of their clothes?—No. I asked them some questions as to that, as I did not see very much provision for washing the clothes.

4388. Did they complain to you that the clothes were badly washed?—No.

4389. Are you aware how the clothes are washed?—I was told that some of the clothes were washed by women and some were sent to the steam laundry.

4390. Did the women object to that?—No.

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4391. What was the date of your last visit?—In December.

4392. At that time did they object to the way the clothes were washed by the men at the steam laundry?—There was no objection.

4393. Did they say it was badly done?—No: one of the girls was for a long time under my charge at Lovedale, and I think she would have made a complaint if there was anything amiss.

4394. *Dr. Edington.*] Did you raise the question?—No, not about the clothes. I did raise the question as to there being no proper place to keep their clothes in, and I was annoyed on turning up the bedclothes to find their clothes in the beds. It was disgraceful to find there were no lockers nor any place to keep their things in.

4395. Did they keep them in the beds?—Yes, under the mattrass. I objected to that strongly in my report.

4396. Do you allude to their spare clothes?—Yes.

4397. Have they two suits of clothing, one in use and the other off?—I think so. The new clothes had just been issued when I was there; I do not know how that is regulated.

4398. Have they complained to you about the medicinal treatment?—No, not at all.

4399. Do you think they get any medicinal treatment?—Yes, their sores are dressed I believe. They certainly did not complain to me of that.

4400. Would it be difficult with that class of patients to carry out any systematic course of medicinal treatment?—Not if they were properly disciplined, but the mistake is that the patients are all mixed up together in one ward, the sick and those who are not very sick. I made a great complaint about that in regard to the lunatics and now there is a separation, and I think there ought to be a separate ward for those cases which have to stay in bed, where they can be properly treated. I have drawn attention to that.

4401. Are there any lunatic lepers among them?—There were some when I was there but they were in a different ward; three or four I think.

4402. Are the women confined to one compound?—Yes, one compound with several wards.

4403. Would you approve of having separate compounds?—I am afraid they would be too small. The great objection I have to the compound is that it is so terribly exposed; a number of the patients have their eyes affected.

4404. Do they complain?—No; but I noticed it as I went round.

4405. Do you think the segregation between the sexes is satisfactorily carried out on Robben Island?—That is a difficulty. I saw one old man visiting his wife when I was there; I enquired about it and found that he had permission.

4406. Do you consider that the present compound is effectual in ensuring segregation?—I saw visitors go in, and I do not think it would be very much trouble to get over the fence at any hour of the day or night, although there is a watchman supposed to be on guard.

4407. Are the women exercised every day?—They are taken down to the sea in the morning, but I do not know whether they get enough exercise. The men have the run of the island, but the women are limited to the compound. I do not think they have enough space.

4408. Do you think they get sufficient exercise?—I do not know whether they get proper exercise. They get out to bathe. Some of them cannot walk very far.

4409. Have they any amusement in the evenings?—Very little I think, and they have not enough employment, so that the time hangs very heavily on their hands.

4410. Can you make any suggestion with a view to ameliorate the condition of the female lepers?—For one thing they should have more room; the wards are getting overcrowded now. Another thing is, that more could be done in the way of providing them with books; a number of them can read.

4411. Did they strike you as difficult to manage?—They are reported to me as not being difficult to manage. I think it would be a very good thing if they could have some plants and flowers to look after, but I was told they would not attend to them. They say that the Government has put them on the island, and they will not stir their hand to do anything for themselves. They say it is a great hardship that they have been put on the island.

4412. As regards the number of attendants, do you know how many healthy attendants there are?—Only one woman was there when I went, the matron.

4413. And Dr. Todd, the medical attendant?—Yes.

4414. Do you consider that a sufficient staff for effectually carrying out the work?—It all depends upon how things are organised. There is a difficulty sometimes in getting the lepers to work, but they will if they are paid.

4415. How do they manage about night attendants?—There should be two night attendants; it is not safe to have only one.

4416. Would that help to ensure the segregation?—Yes. There should be two strong, capable women on duty at night.

4417. Notwithstanding the fence round the compound, as affairs exist at present, is there a difficulty in maintaining segregation for want of proper night attendants?—I should suppose there was very great difficulty.

4418. Could the women get out if they wanted?—Yes, very easily. If I wished to get out, I could go through the fence.

4419. *Dr. Dodds.*] Notwithstanding the guards?—The question is whether the guards are efficient and the nights dark or light.

4420. *Dr. Greathead.*] Are there four sides to the compound, and only three guards?—Yes.

4421. *Dr. Dodds.*] Have you ever known of the women getting out?—I am afraid that a great deal happens that is never known about.

4422. *Chairman.*] During the time you have been a visitor, have any cases come to your notice indicating that there has been any friction or disturbance between the patients and the attendants, or among the patients themselves?—Some of the patients are remarkably bad tempered. There is one woman I know who has a horrible temper, and it is sometimes difficult for one matron to keep order.

4423. Have the women ever complained to you about the attendants or the medical officer?—No; not even the Kafirs, and they, knowing that I understand their language, would tell me anything.

4424. Then I understand that their only complaint is that they want to go home?—Their one desire is to get away from the island. There was a complaint about the soap, and that perhaps may account for the clothes being badly washed. I examined the soap, and it was certainly inferior.

4425. *Dr. Greathead.*] You spoke about some of the patients having sore eyes, do you attribute that to the glare on the island?—Yes; the glare is very great, and the sand is injurious to the eyes.

4426. Have you visited the island on windy days?—I have been there in all sorts of weather.

4427. Could you make any suggestion for the better comfort of the patients on windy days?—I think there should be a covered outside recreation room, so as to afford some shelter from the wind. More trees also might be planted; they do well in certain parts, and would afford an agreeable shade. I suggested that a row of trees should be planted when the next rainy season came on.

4428. Would you object to the women's clothing being washed by the men?—Yes, except the bed clothes.

4429. *Dr. Herman.*] Do you think the women have any ground for complaint in regard to their washing?—I think so; it should not be done by

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the men. They did not complain to me, and none of the bed clothes I saw were badly washed.

4430. We have had it in evidence that the clothing has been badly washed at times; is that so?—For the last few weeks the washing in Cape Town has been badly done, owing to the scarcity of water. No doubt on Robben Island there has been a want of water, and that would be an explanation of the clothes being badly washed.

4431. Has there been any complaint at the Old Somerset Hospital?—No; the Old Somerset Hospital washing is done at the House of Correction. Fortunately there is a well on the gaol premises, but it wants cleaning out and the other day they had to catch the rain water in order to get this week's washing done. I think with a little management the matron might have obviated any complaint about the women's washing.

4432. How long does it take you to inspect the establishment when you go over to the island?—I am supposed to do it in a day, but it would take far longer than that to do it properly. It would take a whole day to visit the women's wards alone.

4433. Do you inspect the men's wards also?—Yes, and also the lunatics; I do not go over to visit the lepers specially.

4434. Is anyone sent over specially to inspect the leper quarters?—We have to take that with the lunatics. I did not understand that when I first took the duty.

4435. How many wards have you to inspect altogether?—I forget the number, but I inspect the latrines and every part of the establishment.

4436. The ground to be covered is very large, is it not?—Yes; it is enormous, I have a note book and put down anything that strikes me, I have a certain plan which I go upon. I think that the lunatic and leper asylums should be visited on different days. Two days should be taken, but for my own part I could not spare the time.

4437. Do you inspect the books and stores?—I look at the stores and some of the books, but not all of them.

4438. Does your inspection embrace the duties of the medical officers?—No, except that we must report if we think the medical attention is deficient.

4439. The ward attendants?—Yes, I think it would be a good thing to make an inspection at night. I have visited the Old Somerset Hospital at night.

4440. Do the official visitors ever go over together?—Sometimes, but I prefer going singly, I can get through more work when I go alone.

4441. Do the patients come up to you and make complaints?—Some do.

4442. What do you do with your report?—It is sent in to the Colonial Office.

4443. Do you receive any notification that the complaints have been investigated?—I receive as a rule no notification. On one occasion I asked the Government to take special notice of a report I sent in about the Old Somerset Hospital when I inspected it at night and found no lights.

4444. Did you find a considerable number of healthy children in the female leper compound?—There is not a large number. I drew attention to that when I went over last. There should not be healthy children there. I was told that one child was at the mother's breast when she was brought over.

4445. Have you directed the attention of the Government to that at any time?—I am not positive, I remember asking why the child was there, and I was told that the mother was still nursing it.

4446. *Dr. Dodds.*] Are your reports available?—Yes, they are all available. They are in writing: I do not think they are ever printed.

4447. *Dr. Herman.*] Has your attention been directed at any time to the occurrence of doubtful cases of leprosy in the wards among the women?—No, except in one instance where a case went over from the Old Somerset Hospital which Dr. Impey wishes to return.

4448. We have it in evidence that two such cases have been in the female compound for some time; is that so?—My attention was not drawn to them; they have not been there long. Dr. Cox wrote to me about them, and as I reported them in the first instance I promised to write an opinion on them.

4449. Do your duties include an inspection of the doubtful cases?—Yes, if they are pointed out, we are bound to inspect any doubtful cases and report on them.

4450. Have the official visitors at any time directed the attention of the Government to the absence of any observation ward?—I do not think so. The observation ward is supposed to be in the Old Somerset Hospital.

4451. Do you inspect the Old Somerset Hospital also?—Yes. I was in the leper ward there only yesterday.

4452. Did you report on what you saw there?—One ward there is completely empty. The patients are only detained there a short time. If I find the wards dirty or overcrowded, I at once draw attention to it. There are, I consider, too many beds in the wards; I have never found them full yet.

4453. *Chairman.*] Have you formed any opinion as to whether Robben Island is a desirable place for the segregation of lepers from a climatic point of view?—I think it is a horrible place; the climate is bad in every way. It is a very windy place and there is a great deal of glare from the sand. I think the place is enough to make the patients discontented.

4454. Have they complained to you about the climatic conditions at all?—No; they simply complain of being so far away from home. It is of course easier to segregate the lepers on the island than on the mainland.

4455. Do you think the climate acts prejudicially on the disease itself?—I have not had enough experience of the disease to answer that, but I know the lepers have been dying off very fast on the island.

4456. Could you attribute that to the climate?—I cannot tell. No doubt many of the patients were in a very far advanced stage of the disease when they went there. I saw a number when they first came, and they were very bad.

4457. *Dr. Edington.*] Is it very dusty on the island when the wind blows?—A great deal of sand blows about; there is nothing to bind it.

4458. Do you think that is a cause of the eye disease?—I am not sure as to that.

4459. *Dr. Dodds.*] Do you think the regulations as to visitors are satisfactory?—I do not. The last time I was there I saw a white lady, and some little girls came over to see her and a gentleman also, and they all went into a little room; nobody tried to prevent it, and I do not call that proper segregation.

4460. Would you call segregation under such conditions simply a farce?—Yes; the patient might just as well have been at home.

4461. *Dr. Herman.*] Has not the matron some of her children living with her?—I am not sure. I was not in the matron's house. If she had her children with her I consider it very wrong and the medical attendant should not allow it.

3462. In the course of your inspection has not that fact come out?—I cannot be quite certain. The girls I speak of who visited the patient were very young. I would not have minded the gentleman going into the room, but not the children.

4463. Has not the patient you allude to two children on the island with her?—Yes.

4464. Are they leprous?—One case is doubtful; the other is all right I believe.

4465. Is it wise for her to have her children with her do you think?—It is not wise or right.

4466. Would it be humane to separate the mother from her children?—

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That is the trouble. It may not be humane on our part and it might be too much self-denial on the mother's part to separate from her children. It is certainly wrong that one life should go after the other.

4467. *Dr. Dodds.*] Would you allow it yourself?- No. I would be cruel to be kind. I do not think you should throw a good life after a bad, whether it is mother or child, and there is one of the children that seems to be leprous.

4468. *Dr. Herman.*] What restrictions would you place on visitors going to see patients on the island?—I would not allow them to shake hands or kiss each other, most decidedly. I do not think that young girls of 12 to 15 years old, such as I saw, should be allowed to run such a risk, because that I consider the age when they would be most likely to get the disease.

4469. Have you anything to prove that?—There is a case I remember of a young girl who is on Robben Island now. She was for a long time under me as a child and was quite healthy: her father was a white man. I believe her mother has already died of leprosy and the aunt is with the girl on the island. This girl did not show any signs of the disease till she was about 14 or 15; whether she got it through contagion or heredity I cannot say. I know there was leprosy in her mother's family.

4470. Do you wish us to infer from that that about 15 is the most frequent age when the disease is contracted?—I do not say that, but I have an idea that it is then that it shows itself mostly, and I do not think that young girls should be allowed to go and visit a leper patient as I saw them.

4471. Are you satisfied with the sanitary conveniences on the island?—In two successive reports I find fault with them, they are very bad.

4472. Is there sufficient bath accommodation?—It seemed to me that there was not water enough. I made particular enquiries and was told that the patients went down to the sea in the morning and much enjoyed it.

4473. Did you find that there was not sufficient water supplied to the female compound?—There did not seem to be sufficient for many baths.

4474. Are the sanitary conveniences in the wards?—No; outside at the back of the wards. The smell from them was vile. I found also that all the dust and rags were just swept outside and left to be scattered about by the wind, instead of being taken away at once by the convicts.

4475. Apparently the sanitation of the compound is exceedingly bad?—It is exceedingly bad. I may also state that I found a newly delivered woman in one of the little rooms. She was delivered on the island.

4476. *Chairman.*] Did you go into the history of that case?—She was brought over to the island in that condition; she was a leper woman.

4477. Had she been long on the island?—I do not think so.

4478. Was she delivered in the leper ward?—In an isolated room. I made special enquiries about it, and said I thought it was better to have a small room in case of anything of the kind happening. There might be an infirmary with a small room attached suitable for cases of that sort.

4479. You had large experience in dealing with refractory women of all sorts, especially among the lower class?—Yes.

4480. Is there any particular difficulty in dealing with these leper women?—Not if they are handled firmly.

4481. Is firmness all they need?—There must be kindness and firmness.

4482. Do you not think it necessary at the same time to make the patients more comfortable and happy?—Most decidedly. Such a disease as leprosy deteriorates morally as well as physically in many instances.

4483. In what respect do you mean?—They are very irascible in their temper, and they sink a good bit.

4484. Would you punish them if firmness did not answer?—I would deprive them of privileges to a certain extent. If a woman for instance struck another in anger, I would keep her separate for a few days.

4485. Would you have certain regulations in that respect?—I would have certain definite regulations which should be adhered to, and while enforcing these, I would try and make the place a little more comfortable.

4486. *Dr. Herman.*] If you had a number of women put together in that way, with the same number of attendants and under the same circumstances, do you think they would give more trouble than these leper women give at present?—They would give quite as much and perhaps a little more. It would depend altogether upon the class of women. It seems to me that there are not sufficient regulations governing the place.

4487. Have you never seen any regulations?—No, I have not. A great deal depends on the medical superintendent and the matron immediately in charge.

4488. Did you inspect the cooking arrangements?—Yes. I went up to the new kitchen and inspected it.

4489. *Chairman.*] With regard to the visits of friends, have you any suggestions to make under that head; would you have any restrictions, as for instance their only being received in the general day room?—They should be received under strict supervision.

4490. Would you allow the patients to wander about the island with their friends?—No, most decidedly not.

4491. You would have them visit the patients in the common day room?—Yes, or in the compound under the supervision of the attendants. You do not know what is going on unless that is done. It struck me that a good deal more might be done for the women in many ways. For instance, they have to keep their clothes in their beds, which is not at all proper.

4492. I gather from the views you have expressed that you are in favour of segregation for leprosy?—Yes; the healthy should be separated from the diseased, but I see no reason why old married couples, who are lepers, should not be allowed to live together. I think that mercy might be accorded them.

4493. Do you think it would ameliorate their condition?—Yes.

4494. You think that might be done after a woman has passed the child-bearing period?—Yes; it would be a great boon to them.

4495. Why do you believe in segregation?—From my observations among white as well as coloured people, I should say there is no doubt if the disease is not contagious it is hereditary, and if the diseased are to mix up with the healthy, I do not see how you are going to check the disease.

4496. You think that segregation is valuable as a check to the disease, however it arises?—Yes. I may say that a good many years ago up country among the Kafirs those who were leprous did not live among the others.

4497. In what part was that?—In the Eastern Province. There were some lepers close to Lovedale. I may say that I consulted Dr. Stewart during the last epidemic of small-pox, and by his directions I vaccinated no child belonging to a leper family with the same lancet that I used for other patients, even if the taint of leprosy was very far removed; they were all vaccinated with needles, which were destroyed immediately afterwards.

4498. Have you ever known of a case of leprosy spread by vaccination?—No, I have not. Every doctor I have known has always taken double precautions if leprosy was supposed to be in a family.

4499. They regarded it as a probable cause, but precautions were taken?—Yes; it was supposed that the disease might be so easily communicated.

4500. What form of vaccination did you adopt, arm to arm?—It was arm to arm, but the lymph was not taken from the arm and put into the leper child's arm, I put it on to something else first. We would not vaccinate from a child whose uncle, say, was a leper and presumably healthy at the time.

4501. *Dr. Greathead.*] Had you many cases of leprosy up country

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among the Kafirs?—There was one family in which there were three or four cases of leprosy; they lived in a hut a little distance away from the others. There was another case of a young girl about 15. I never quite understood where she got the disease; she lived in a different kraal. The natives themselves recognized that it was not safe to marry into a leper family.

4502. Were you in medical charge at Lovedale for some time?—Yes.

4503. Mr Theal has told us that the leper village was close by the institution?—It was not a leper village, it was an isolated hut, and Mr Theal must have made a mistake. I know the hut well.

4504. Were there many lepers?—Two or three.

4505. In your travels on the Zambezi furthur up, did you come across leprosy at all among the Kafirs?—There were no Kafirs on the Zambezi when I was there. I did not see any lepers.

4506. Is there leprosy in Central Africa?—I have hardly enough experience to say.

4507. How did the lepers come to Lovedale?—They did not come to Lovedale. Lovedale and Lovedale village are two different places; these Kafirs did not belong to Lovedale but to the native village.

4508. Was leprosy endemic there?—I could hardly say whether it was endemic. The village was comparatively new and it could hardly be endemic. I think these leper Kafirs came from a distance.

4509. Do you think it is advisable to go on increasing the number of lepers on Robben Island?—No, there are too many there already, and I have said so in my last report. It seems to me that the place is getting overcrowded.

4510. We have been told that there are 72 vacancies on the island, is that so?—There may be in the male wards, but the female wards are crowded enough.

4511. *Dr. Dodds.*] Would you go on building new wards?—No. By massing so many patients together I think you only increase the malignity of the disease.

4512. *Dr. Edington.*] Are you in favour of having all the lepers in one asylum at Robben Island?—No; they are getting too many to manage, and it increases the difficulty of management very greatly.

4513. Would you be in favour of having institutions in the different districts?—Yes.

4514. Would you have them on the same lines as Robben Island, each with a medical superintendent and all that sort of thing, or would you have them in connection with some existing hospital?—Such establishments might be in connection with existing hospitals, and then you would hardly need to have a medical superintendent living on the place. Of course there is the question of cost.

4515. Would you be in favour of placing leper asylums in connection with lunatic asylums?—No, decidedly not; it would be a very great mistake and bad for both.

4516. *Chairman.*] Would you have the lepers in connection with existing hospitals, but in entirely separate buildings?—The buildings would require to be entirely separate and away from the general hospital.

4517. *Dr. Herman.*] Do you think the wards in the leper compound for women are satisfactory?—No, they are not; some of them are too small and not properly ventilated, and I have pointed this out. The buildings are defectively ventilated and badly designed and built, and the back premises are not clean.

4518. *Dr. Edington.*] Do you think the roofs are too low?—Some are. I also noticed a great scarcity of proper brushes and brooms to keep the place clean. When I went over some of the rooms were decorated with spiders' webs.

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4519. *Dr. Herman.*] How is the atmosphere of the wards on cold days? —I have never been over to the island on a very cold day.

4520. Are your visits expected?—No, they cannot tell I am coming unless they have a very big telescope.

4521. *Dr. Dodds.*] Have you any special observations to make about the male leper wards?—I went into the infirmary ward and found a man lying under his bed instead of on it. I asked the reason and was told that the attendants did not like the patients lying on their beds when they were once made up.

4522. Who told you that?—If I remember rightly it was one of the Kimberley nurses. It is a common rule in some hospitals not to allow patients to lie on the beds. Some of the native patients prefer to lie on the floor; they are accustomed to it. It seemed to me that the male lepers had better day rooms and better accommodation for their clothes in the way of lockers than the women; the latrines also were in much better order.

4523. *Chairman.*] Did the male lepers seem to be fairly well contented? —They had not very much time with me, and I was not alone when I went through the male wards, Mr. Fitch was with me. Mr. Moore has told me that they complained a good deal to him. It is when you are alone with the patients that complaints are made mostly.

Mr. *David Mudie.*

Mr. David Mudie examined.

4524. *Chairman.*] Are you one of the official visitors to Robben Island? —Yes.

4525. Will you tell the Commission what is the scope of your duties?— I am supposed to inspect matters over at the island and report.

4526. How long have you been an official visitor?—For three or four years; five years is the correct time.

4527. Do you visit the island whenever it suits you at odd times?—I am supposed to make four visits a year, but I go without any notice whatever. The visitors suit themselves and do not go all together; they divide into two or three parties.

4528. Have you inspected the island generally and especially the leper establishment?—When I was first appointed I had nothing to do with the lepers; that has only been for the last six or nine months. Actually 16 months ago.

4529. Have you visited the male leper wards?— Yes, both the male and the female.

4530. Have the patients complained to you about anything?—Yes, sometimes they have made small complaints, but I have never heard of anything very serious.

4531. Do you give the Government an official report?—Yes; every time we visit.

4532. Are those reports on record?—Yes, I have brought my last report with me (produced.)

4533. There have been no serious complaints you say?—They make complaints about some patients being treated better than others, that they do not get enough matches, that the tea is not as strong as it ought to be, and so on.

4534. Do they complain about the meat at all?—I have never heard any complaints about the food. I have invariably examined the food to see if it was good.

4535. Have they complained about any scarcity of food?—No. Last winter they complained about scarcity of clothing, especially the bed clothing.

4536. They have not complained to you about the quality of the food as a whole?—No.

4537. Nor about the quantity?—No.

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4538. Have they complained about the cooking?—No. The complaints are of a very trivial nature and sometimes not worth taking much notice of. They say they do not get enough matches, but I think a box a week quite sufficient. We examined and tasted the tea.

4539. *Dr. Edington.*] Do you embody these complaints in your report? —Yes, any complaints which we think at all worth mentioning to the Government.

4540. *Chairman.*] During the time that you have visited the island have any disturbances been brought to your notice?—I have heard of disturbances in an indirect way, but nothing has been brought to my notice as a visitor. I may say that we endeavour on all occasions to get the confidence of these people and ask them if they have got anything to say. Occasionally, also, we ask the officials in charge, such as the medical superintendent, the doctor, or the nurses. We give the patients every opportunity to lay any grievances before us, without being watched by any officers of the establishment. That means we go our rounds unaccompanied by any officer of the institution, thus giving ample opportunity to make complaints if desired.

4541. Do you think the wards are at all overcrowded?—We complained about the ventilation in our reports. The ventilation of the private male leper wards was very bad. We complained to Dr. Impey about the ventilation both in the private and public rooms and Dr. Impey said he would see to it.

4542. Have the male lepers a certain amount of freedom?—Yes.

4543. Have they the means of amusing themselves?—They have perfect liberty to roam about everywhere. I have often pointed out that a little work would be a good thing for them if they would do it.

4544. Is the staff large enough for working the establishment satisfactorily?—On various occasions we have complained of the want of cleanliness, especially in the closets for the females; they were very dirty. The male closets were also dirty. We complained about this last year and there was some little improvement, but there is still room for more.

4545. Are the closets cleaned systematically every day?—The women have nobody to assist them.

4546. Have the women to empty the closets themselves?—Yes, they do everything themselves.

4547. Where do they empty them?—I suppose the night-soil is buried in the compound. I did not ask.

4548. Do not the convicts do that?—Not that I know of; the lady in charge said that they had to do it themselves. I find in this I was under a wrong impression, convicts empty the night-soil tubs.

4549. Do you think there is a sufficient number of attendants?—As far as the attendants go, I think there are enough, but we suggested in our last report that considering the number of people on the island, the medical staff was not strong enough. There are now 500 odd lepers and about 300 lunatics, and still the medical staff is the same as it was when there were about 130 lepers. In our last report we suggested that another medical man should be appointed, especially as the superintendent, Dr. Impey, is very much engaged in the administrative work, looking after the island generally.

4550. *Dr. Herman.*] What has been the result of your report?—We have not heard. We seldom see any results in less than nine or twelve months.

4551. Do you find that your recommendations are taken note of? —Sometimes.

4552. Would you recommend that all your reports be printed?—I do not see any reason why they should notbe printed, I have here my last report, dated 9th November. "We found that the number of patients on the island, lepers and lunatics altogether 815, and about 100 convicts, besides 300 to 400 ordinary inhabitants, in all over 1200 individuals, 815 of whom are in constant want, more or less, of medical attendance. There are two medical

men on the island, one of whom, Dr. Impey, in the general administration of the island, has many duties to perform, including as we could see, a large amount of correspondence. The same number of medical men was on the island before the large influx of lepers from neighbouring states. On former occasions we and other official visitors have suggested for the consideration of the Government whether it was not necessary to have a larger medical staff. Another subject upon which we have more than once called attention to is the total want of any accommodation for mess or social purposes for the attendants in the female lunatic asylum. The class of women who are there engaged, and the unpleasant nature of many of the duties they have to perform, demand from the country they serve some greater attention to their social comforts. It is somewhat unpleasant for us to reiterate suggestions of the above kind, but so long as we hold the office we do, it will be incumbent on us to do so, unless the recommendations we make are attended to or some sufficient reason given why they are or should not be cared for." That will give you some idea of the suggestions we make, and it is often a long time before they are attended to.

4553. *Chairman.*] Have you heard of any disturbances on the island on anything like a large scale?—Yes, but they have never been brought to our notice in any official way. We hear a good many reports.

4554. *Dr. Herman.*] Do you think at present the system of inspection is sufficiently complete to enable you to cover all the ground and listen to all the complaints?—We devote a whole day to Robben Island, and we visit different parts of the establisment at various times.

4555. The institution is a very large one is it not?—Yes, I think that a day would be required for each asylum. The lunatics I think are pretty well attended to, but a good deal of time might be spent in inspecting the leper wards. We are supposed to go over to the island once in three months.

4556. Do you think the lunatics are better looked after than the lepers? —I would not like to say that. They have been there a longer time and there has been more chance of getting things into working order and system.

4557. Do you think it is due to the fact that they have more attendants to look after them and that the ward work is done by the attendants and not by the patients?—There is always a great amount of cleanliness about the lunatic wards, even early in the morning, and I have been surprised at it.

4558. If you took the female leper compound and compared it with the female lunatic ward, would you say there was any great difference?—I would say that the lunatics are better attended to; there is more cleanliness. You have a different kind of people among the lunatics; some of them are ladies; they are better attended to perhaps than the others, but throughout the whole lunatic establishment there is a marked order and cleanliness in every department.

4559. Were you satisfied with the cleanliness in the male and female leper wards?—On the whole they were very clean, but there is not such an appearance of thorough cleanliness as in the lunatic wards.

4560. Have you visited the female leper compound?— Yes.

4561. *Dr. Greathead.*] Have you ever visited the wards during meal times?—Yes.

4562. Have you found the food good?—Yes. There is something about the food in my report. Everything no doubt wears its best appearance while we are there; it is only natural to expect that.

4563. *Dr. Herman.*] Looking to the fact that the leper asylum is to a large extent a sick infirmary, are you satisfied with the manner in which the arrangements for the comfort and well-being of the patients are carried out? —If you take into consideration the class of patients you have to deal with and the class they belong to, I think their comforts are very well attended to.

4564. *Dr. Dodds.*] Can you suggest anything to make either the male or

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female lepers more comfortable?—I don't know that I can. The piece of ground in front of the female leper wards is not very pleasant looking; washing seems to be going on there, and dirty water is thrown about. We suggested that the washing place should be removed away from the immediate neighbourhood of the dwellings.

4565. *Dr. Greathead.*] Have you noticed any bad smells when you have been going round?—Yes. We have made a point of going into all the closets, and there are smells there of course.

4566. And in the wards?—No.

4567. *Dr. Dodds.*] Did you ever visit the old wards?—Never in an official capacity.

4568. On the whole, are you fairly satisfied with the condition you found things in?—Yes, quite. A little more attention to our suggestions might be paid than is sometimes the case.

4569. *Dr. Greathead.*] Does the island strike you as being a suitable place for lepers?—I think the island is a very good place both for lunatics and lepers, although I know that some of my friends do not agree with me, especially as regards the lunatics.

4570. Do you think it advisable to remove the lepers to the mainland? There may be reasons why it would be advisable, for the sake of the patients or for the sake of their friends who are anxious to see them, but on the other hand, if you wish to carry out the system of segregation fully they are better on the island than on the mainland, I should say.

4571. *Chairman.*] Do you regard the climate of the island as good?—Yes, I think so. I have often thought that if I had any duties to perform I would not mind living there.

4572. Have the lepers complained at all about the climate?—No; their great complaint is that they are separated from their friends. We often find them bursting into tears, especially those who have children, husbands, or wives. That is the only thing practically that they complain about, the other complaints are comparatively of a trifling nature.

4573. *Dr. Greathead.*] Do they complain at all about not having facilities for seeing their friends and relations?—That is one of the things they complain of.

4574. Do they complain as to there being any difficulty in getting passes?—I have never heard anything about that.

4575. *Chairman.*] Do they complain to you about the dust, glare, heat, cold or wind?—No.

4576. Nor about the food?—No. When I was last there the dinner was just about to be served out from the kitchen. There was pea soup, which appeared to be good and wholesome, roast meat, some portions of which looked rather dry and bony, good vegetables, and so on, and there was no complaint made. I mentioned that in my last report. I myself generally enjoy some of the soup if I am there at dinner time. Everything was very good, taking it all round.

4577. Have you ever noticed the meat bad?—No.

4578. *Dr. Greathead.*] Do the lepers seem to enjoy their food, so far as you have seen?—Yes, on the whole they look very happy. I generally find them laughing and enjoying themselves. They may make a few complaints, but substantially they have not much to complain of.

4579. *Dr. Herman.*] Have you any regulations to guide you in making your inspections?—No.

4580. Do you think that advisable?—I do not know what we could do with regulations. Some suggestions might be made as to particular things to be done, but we try to make our visits and reports complete as far as possible.

Dr. Dixon further examined.

4581. *Chairman.*] Are you of opinion that lepers should, under any circumstances, be allowed to be at large in any condition or in any form or stage of the disease?—No, unless under restrictions.

4582. With reference to Robben Island, do you think it offers a good place for carrying out segregation?—Yes, on a limited scale.

4583. We understand that there are on the island at present about 1,200 people, including the lunatics and lepers; is that the limit, in your opinion?—I should say that the limit was overstepped already.

4584. Would you have any further buildings put up?—No, I should not.

4585. *Dr. Herman.*] Why would you not put all the lepers on the island?—I think the greater number of persons you put in a limited space the more you foster the sense of confinement and limitation. I think it is a great act of inhumanity to put 600 lepers on Robben Island.

4586. In some asylums you have a much larger number, have you not?—But then there is a much larger available area; the patients are not all crowded together in a limited space. If there was more room, there would not be the same feeling of restriction. I think also that from a sanitary point of view it is very dangerous to concentrate so many infected people together, nor is there anything to justify bringing patients such a long distance from their homes. I have spoken very strongly about that.

4587. *Chairman.*[Do you think 600 would be about the limit?—I think 600 patients all told would be the outside limit.

4588. Is there danger not only to the mental condition of the patients but also in so far as the soil is likely to become contaminated and thereby the general health affected?—Yes.

4589. What was the population before your time?—I could not say exactly.

4590. Have there been any epidemics of disease?—Typhoid fever has been endemic on the island for a long time. My feeling may be chimerical, but I cannot resist the idea that if so many lepers are put on the island the disease may become endemic there.

4591. Would that be a source of danger to the mainland?—I do not think so.

4592. Would it be a source of danger to the attendants only?—Yes.

4593. *Dr. Herman.*] What reason have you for supposing that leprosy could become endemic in the way you speak of?—The smaller the area over which a large number of people is distributed and the smaller the area available for their movements, the more concentrated must be everything that comes from them that might be a source of infection; it is spread over so much less ground.

4594. Have you found that so in practice as well as theory?—The establishment on a large scale has not been in existence long enough yet.

4595. have you got any facts on which you can base your opinion?—No; it is only an opinion.

4596. In some of the wards there are healthy children among the female patients and there are the ward attendants, the disease has not spread among them, has it?—That may be so, but if you saturate the island with leprosy so to speak, it must ultimately become a source of danger in my opinion.

4597. *Dr. Dodds.*] You think that is a danger that ought to be considered?—Yes.

4598. *Dr. Greathead.*] Do not you consider it dangerous to put so many people together who might possibly combine in case of a disturbance?—I think so certainly. I urged that strongly in one of my reports.

4599. *Dr. Dodds.*] In your time were there any disturbances?—No; we had not any.

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4600. *Dr. Herman.*] You had comparatively speaking few lepers in your time, had you not?—Yes, I do not think more than 150.

4601. Have you anything to prove that leprosy can become endemic by pollution of the soil?—No. I only formed the impression that ought to be taken into consideration. I cannot give any definite instance, but it is a point of view that ought not to be disregarded.

4602. Do not you think the facts that have come out on Robben Island for the last two years are sufficient to negative that?—The period is too short.

4603. *Chairman.*] As regards the climate of Robben Island, do you think it exercises a prejudicial influence on the lepers?—I can hardly think that.

4604. Would it exercise a prejudicial influence on healthy people?—I think not.

4605. Do you regard the climate as fairly healthy?—Yes, distinctly.

4606. Is there any drawback from the soil or the wind?—A light soil coupled with brilliant sunshine must, I think, be a good factor. If the soil was moist the sanitary condition of the island would be worse. As for the wind, it may be unpleasant, but it is not unhealthy.

4607. Is the water supply good?—No; it is always deficient and a soource of trouble.

4608. Could that be overcome?—The late Mr. Bain and myself were of opinion that a deep artesian boring somewhere in the centre of the island would be a good thing.

4609. Was that attempted?—It was attempted on one of the spots indicated by Mr. Bain.

4610. With what result?—I do not think it was successful; the sand was s very thick.

4611. You think the climate of the island on the whele rather beneficial than otherwise?—Yes, I do not think the boring theory has been at all fairly tested; it might be more fully gone into. That is a matter that is still available for investigation.

4612. Would more water be a great acquisition to the island?—Yes.

4613. Could tree planting be carried on do you think?—I think it could. That is a matter that is somewhat mixed up with the water supply. There are certain trees which do well after the first year if they can be irrigated during that period.

4614. *Dr. Herman.*] Does the existence of so many rabbits on the island interfere at all with tree planting or the cultivation of trees?—I hardly think they are numerous enough for that.

4615. Do not you think that trees, shrubs and grass would be much more abundant on the island if the rabbits were exterminated?—I do not think it would make any great difference. They are not so numerous as all that. They are a good deal located. The great foe to anything like bush plantation is the fact that the lepers pull up every bit of stick and shrub they can get hold of. In my time, although there were only about 140 lepers, they were very mischievious in that direction.

4616. For what reason?—Their chief pastime is fishing, and they cook the fish in the open air, for which purpose they pull up the bushes so as to make a fire. You cannot prevent them doing that unless you have a staff specially told off for the purpose.

4617. In your time was coal supplied to heat the wards?—The wards were heated with Musgrave's slow combustion stoves. That was done on purpose, so that the lepers should not be able to cook in the wards, as it made such a mess.

4618. For heating the wards in winter, were not they forced to go out and get out wood?—No. Coke and coal were supplied from the mainland practically *ad libitum.*

4619. Was the supply to the leper wards very short?—No; it was practically unlimited.

4620. *Chairman.*] Have there been any new buildings erected since your time?—Yes. Three were partially completed that have since been finished, and I think two entirely new ones have been built.

4621. Were you on the island at the time those buildings were commenced?—Yes. Nearly all the buildings were commenced that are there now, but they have since been completed.

4622. You know exactly what they are like?—Yes. I drew the plans for them all, and I know exactly how they are arranged.

4623. *Dr. Herman.*] What was the object in arranging them in that particular way?—So that the sea view should should not be shut out, and there is also a good air space between each block.

4624. Does that apply to the female part also?—I forget exactly but I think so.

4625. Are the female wards of modern construction?—The largest new ward was just finished when I left the island. We had a ward that would contain some 40 persons when I left, and we finished another large ward, of which I forget the capacity just now. It was finished before I left, and the plan was in for further extensions.

4626. *Chairman.*] Are you unable to speak definitely as to the present arrangements?—I know that buildings have been erected. I do not know what the present disciplinary and administrative arrangements are.

4627. *Dr. Dodds.*] When you left the island were there any improvements in the administration that you were about to introduce?—There were some nursing arrangements under consideration as far ar I remember, and I believe I sent in a plan for a nurses' residence, which they have since got. I forget now whether the plan got beyond our drawing office, or whether I submitted it to the Colonial Office. There was also a plan for arrangements in regard to washing the lepers clothing by steam machinery, in fact an order was sent to the Agent General for the machinery. That was shortly before I left the Island. I also sent in the details for a new kitchen.

4628. Do you think it advisable that there should be a large dining room, or do you think it best for the patients to dine in separate wards?—I thought it better that they should dine in the wards, that is in the day room attached to the wards.

4629. Had you submitted any proposals for the accommodation of leper convicts?—I submitted a plan for a small set of cells, with an airing court yard more or less adjoining the leper settlement itself, so that the same attendant would be available, and the meals could be cooked in the new kitchen.

4630. *Dr. Herman.*] During the time that you were in charge, were there many cases of non-lepers being confined with lepers?—My impression is that there were about a dozen in 2½ years.

4631. How did they come to be placed with the lepers?—I do not speak of patients placed in the leper wards, but of patients sent as lepers to the island and sent back to the mainland again.

4632. *Dr. Dodds.*] Was the Leprosy Repression Act promulgated at that time?—No.

4633. Did the patients go to Robben Island voluntarily?—I suppose they did.

4634. *Dr. Herman.*] How would you propose to avoid doubtful cases being forwarded through the Old Somerset Hospital?—I think the only way would be to have a small probationary ward on the mainland, and a medical Board to adjudicate upon all cases.

4635. Under what conditions would you allow the friends and relatives of patients to visit them; should they be allowed to visit freely?—I would make it a stringent condition that they did not bring any broken food or fruit away.

4636. Would you allow them to mingle with the lepers, kiss them and

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shake hands with them and go into their wards ?—The kissing is certainly undesirable ; shaking hands could not do much harm I think.

4637. During the time you were on the island, were there any restrictions placed on friends and relatives in that way ?—In some cases they were warned if I remember right.

4638. Is there any possibility of carrying out those restrictions if you allow relatives and friends to come together ?—You cannot altogether do it, but I think the removal of broken victuals and fruit could be guarded against. I found in my time that fruit was taken away that had been given to the lepers, in fact the lepers accepted fruit with the idea of giving it away to their friends, they liked to show a little hospitality and gave away all sorts of things.

4639. Did they sell curiosities to visitors ?—I do not think they did in my time.

4640. Did they make book markers and things of that sort to sell ?—No ; not to my knowledge.

4641. *Chairman.*] Are you acquainted with the Leprosy Repression Act in a general way ?—Yes.

4642. Have you any knowledge of its working ?—I believe the field cornet has to bring every case of leprosy to the notice of the magistrate and then the district surgeon is called in to certify.

4643. *Dr. Edington.*] Would you be in favour of a Board to examine and decide upon all cases ?—Yes, certainly.

4644. *Chairman.*] Would you also have for doubtful cases a probationary receiving house ?—It would be very wise to have that. I have seen very great differences of opinion even among experienced men.

4645. At present only one medical man has to certify; would you be in favour of having two as in cases of lunacy ?—I think considering the importance of the matter I would do so. It is a thing that may involve incarceration for life.

4646. Would you have all cases submitted to the Board finally ?—Yes, before being sent to the island or committed definitely to any asylum.

4647. What would you do in doubtful cases ?—The Board would have power to order any case which in their opinion was doubtful to be placed in a probationary establishment and brought forward again at any period they might appoint.

4648. Would you fix any period of time by which the Board should be called upon to pronounce its opinion ?—The Board should decide within six months.

4649. Would it be necessary to have a very large building for the purpose of a probationary ward ?—I do not think so. I think it would seldom contain more than a dozen patients at any one time.

4650. You think that would be ample accommodation?—I should fancy so.

4651. *Dr. Greathead.*] Would you make the notification of lepers compulsory ?—Yes, I think so on all medical practitioners generally.

4651. Would you make it compulsory also on householders ?—That would throw the onus of diagnosis on the householder.

4652. *Dr. Edington.*] You might say anyone harbouring a leper knowing the nature of the disease ?—Yes, there might be some clause to that effect. I believe that lepers are hidden as a matter of fact at the present time.

4653. Would you be in favor of the compulsory registration of all cases of leprosy ?—Yes, it would be very desirable.

4654. In cases where a person has been taken up as a suspect and discharged after examination, would you have registration there ?—I think so in view of two or three cases I have seen. It should be registered as a suspected case in contra-distinction to a pronounced case.

4655. All cases in point of fact should be brought before the leprosy Board ?—Yes

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4656. *Chairman.*] In dealing with fugitive lepers from adjacent States, should the same regulations be applicable?—Yes. They should apply in all cases whether they came from neighbouring States or not.

4657. What would you propose in the case of Kafir locations?—I would call upon the inspector of the location or the headman to notify suspected cases.

4658. *Dr. Greathead.*] Have you ever found any difficulty in punishing lepers for common law offences?—We only had one case of assault with a knife. There was a room at the back of the male asylum which we used as a cell, and the culprit was in there for a fortnight. He walked out every day with an attendant for exercise.

4659. The Police Offences Act does not apply on Robben Island, does it; they can commit offences with impunity, as there is no law to punish them?—In my time we never had any serious difficulty in that way. I incarcerated the man I have just referred to, and I reported the case to the Colonial Secretary. He evidently committed the act under mental perturbation, and it was necessary to keep him under observation for a time. I may say that he was a most exemplary character during the remainder of the time I was on the island.

Cape Town, Friday, 23rd February, 1894.

PRESENT:

Dr. Murray (*Chairman.*)

Dr. Dodds,
,, Fismer,
,, Edington,
Dr. Hoffman,
,, Herman.

Mr. W. E. Moore examined.

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4660. *Chairman.*] Are you one of the official visitors to Robben Island?—I am.

4661. When you were appointed, were any special instructions laid down for your guidance?—No.

4662. Your duties were not defined?—No.

4663. How long have you been a visitor to the island?—Several years before I was appointed I used to visit the island unofficially.

4664. What method did you generally pursue with reference to your visits, did you give notice that you were coming?—No notice whatever is given. If possible, I endeavour to make surprise visits.

4665. Have you visited every part of the island?—Yes.

4666. Have you visited both the male and the female asylums?—Yes, from one end to the other.

4667. Have any grievances been brought to your notice by the lepers, take the males first of all?—Their one great complaint is that they want to go home. They complain that they have been torn away from their families and friends; they say they have committed no crime and they desire to be restored to their families. Sometimes the male lepers have complained of inadequate food.

4668. Do they complain of the quality of the food?—Yes.

4669. In what respect?—They say the meat is indifferent, and from

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the specimens shown me I should certainly say it was not suitable to the requirements of persons suffering from such a disease as leprosy.

4670. Was it too lean?—It was dried up and there was no nourishment in it. I cannot say that is the case always; I only saw specimens during my visits.

4671. You thought their complaints were substantiated on these occasions by the specimens shown you?—Yes; there was too much bone in the meat, and it was dried up.

4672. We have it in evidence that no allowance is made for bone, is that so?—I could not say: there ought to be certainly.

4673. What was the quality of the vegetables you saw?—They were good.

4674. Did they complain about the vegetables?—They complained that they were all mixed up. Of course it is very difficult sometimes to please that class of people.

4675. Were there any complaints about the tea, coffee and sugar?—Yes, I should say the quality was indifferent. The sugar was fair, quite as good as they would be accustomed to get in their own homes.

4676. As regards the cooking, were you of opinion that that was good?—I went and saw the cook and he said he did the best he possibly could with the material placed at his disposal. He stated that he had to cook for over three hundred patients, and as the kitchen range was limited, he had to begin early and cook by instalments, and to prevent the first batch becoming cold he had to keep it in tins over the stove, which was the cause of the meat being dried up.

4677. How many cooks were there for the male leper wards?—I only noticed one cook for something like 300 male patients.

4678. Had he to get the meals ready for all the patients simultaneously?—He should, but for the reasons stated he has to do it in batches.

4679. Do the kitchen arrangements allow of his cooking for that number at once, or would he have to cook in batches?—For the reasons stated, better accommodation and appliances are certainly wanted for preparing the food for such a large number of people.

4680. Has the cook any assistants?—Only one assistant and some of the lepers themselves.

4681. Is the cook himself a healthy man?—He appears to be a healthy man.

4682. And are all his assistants lepers?—I saw one healthy man in the place, and a number of leper assistants helping in the kitchen.

4683. Did the cook complain of want of help?—Yes.

4684. Were you able to ascertain the exact number of helpers he had?—I did not enquire into that; in a matter of that kind we report generally; in the matter of food and the comfort of the patients we go more into detail when reporting to the Government.

4685. Are your reports available?—Yes; they are all available.

4686. Do you send them in to the Government?—Yes; every time we go to the island we send in a report. Our instructions are to visit not less than four times a year.

4687. Do you visit generally about four times a year?—Yes; sometimes more than that.

4688. Was there anything else that struck you as to the food and cooking?—No. I think that embraces all.

4689. *Dr. Fismer.*] Do the patients get butter and fat?—They do get butter, but as far as I could judge of what I saw, what was supplied was of an inferior quality all round.

4690. *Chairman.*] Did you think the food they got was as good as such people would be likely to have in their own homes?—That might be so with some, but not with others.

4691. *Dr. Fismer.*] Did they make any complaint about the bread?—No; the bread is very good. I do not think that better bread can be obtained anywhere.

4692. *Chairman.*] Was the food supplied to the paying patients up to the proper standard?—At first they complained, but afterwards there was an improvement and they state that they are fairly well served now.

4693. Did they complain about the meat?—Yes; they said it was badly prepared. I believe they had on that account a small paraffin stove of their own for a time.

4694. Do you think there is a deficiency of butter and fat?—I did not go into that.

4695. I suppose the paying patients can get anything extra if they want it?—I presume so.

4696. They did not complain on those grounds?—No.

4697. Do you think the food was badly cooked on the whole?—What I saw was badly cooked. I should be sorry to eat it myself; there seemed to be no juice or nourishment in the meat and too much bone.

4698. *Dr. Dodds.*] Did you visit the wards at meal time?—Yes, in the middle of the day when they were assembled for dinner.

4699. Was inferior cooking the general characteristic?—I cannot say. I only saw specimens. Plates of food were brought to me containing a couple of pieces of dry roasted meat, with no juice in it and a little rice and cabbage. Whether the patient had eaten any of it already I cannot say; I only know he said, "that is my dinner."

4700. Were there others taking dinner at the same time?—Some had just finished and others were finishing.

4701. Have you ever gone round when they were actually at their meals?—Yes, I have.

4702. Did the meat then seem to be as bad as the specimen shown you?—Not as a whole but the quantity of food I saw was very small for a hungry man. I would not think of supplying my own servants with such a small quantity, they would not be satisfied.

4703. *Chairman.*] Have you seen the diet scale?—No.

4704. You do not know what it is?—No.

4705. Can you form any opinion as to whether the full diet scale was represented by what you saw?—No; I may say that the visitors where appointed first of all to visit the lunatic asylum, and when the lepers were sent over to the island, the Government asked us to undertake their inspection also. I know I have gone over and been on my feet from the time that I landed until the time the steamer started, with the exception of a quarter of an hour for lunch. I could not overtake the whole of the work in one visit.

4706. *Dr. Hoffman.*] Were there not complaints about the vegetables?—On the occasion I refer to when the man showed me his dinner, I saw only a small quantity of vegetables, not what should have been supplied, but upon the whole I believe that they are fairly well supplied with vegetables.

4707. Was the variety sufficient do you think?—Yes.

4708. Was the quality bad?—No; the vegetables were fairly good.

4709. Do you get any fruit during the season?—I have never seen any except what I may have taken over myself or sent over.

4710. Do they get salt fish or salt meat?—I do not know.

4711. *Chairman.*] What opinion did you form as to the housing of the leper patients, and the ventilation and cleanliness of the wards?—I think the new buildings are properly ventilated. These people from the nature of the disease seem to feel the cold very intensely and object to much ventilation.

4712. Are the rooms only ventilated by means of the windows?—Yes; I think we reported once in regard to the female ward that there should be

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ventilators in the roof; that had been neglected. I never noticed anything particularly defective about the ventilation in the male wards.

4713. When you passed through the dormitories were the doors and windows open and the patients some of them still in bed?—Yes.

4714. Did those in bed complain of the draught when the windows were open?—No; there were no complaints.

4715. Did you consider that the wards were at all overcrowded.?—Considering the nature of the disease, I think they were somewhat overcrowded. In the ordinary sense one would not say they were overcrowded, but persons suffering from leprosy require plenty of room.

4716. Did you form any idea as to the cubic space of air which each patient had?—No; I did not.

4717. Did you consider the sleeping accommodation good?—I think so, but there was no place for putting spare clothing and so on in. I have seen the things lying on the floor, and there seemed to be nothing done to encourage tidiness and cleanliness among the patients.

4718. Do you think the dormitories would get very close at night when all the windows were shut?—Yes.

4719. To that extent the ventilation was defective, you think?—Yes.

4720. There might be an objection to open the windows when patients were suffering from acute illness, might there not?—Yes; I have seen that in the Old Somerset Hospital.

4721. As regards the sleeping wards generally, did you form the opinion that they were kept clean?—At times I have seen them clean and on other occasions anything but clean.

4722. Did you see any food served in the sleeping wards at all?—No.

4723. You saw no remains of food?—No. I did not notice anything.

4724. Did you enquire as to whether there was any system for cleaning out the wards?—No.

4724. Did the patients complain of cold in the winter time?—Yes.

4726. Do you think they get enough bedding?—Yes, I think so.

4727. How are the wards heated in winter?—There are stoves in some of the wards.

4728. Are the sanitary arrangements satisfactory?—I think in the male wards they are disgraceful. The closets are situated at the back, and were in a very dirty state. The tubs or pails are not wide enough, were not properly cleaned, and they ought to be cleaned every day.

4729. Have you any reason to suppose that they are not emptied daily?—Such is my firm impression, or rather was when I saw the closets, because of the condition they were in.

4730. Did you enquire where the tubs were emptied and who emptied them?—The lepers themselves.

4731. Is there any regulation in force whereby the tubs have to be emptied on certain days or at certain hours?—I do not know of any.

4732. Did the lepers say whether there was any such regulation?—No; we sent in a report on the state of things we found.

4733. *Dr. Hoffman.*] Do you know what system they have in the closets?—The ordinary system.

4734. *Dr. Edington.*] Are they dry earth closets?—They are not, and I have suggested that they should be.

4735. *Chairman.*] You thought the closets ought to be kept in a better condition than what you found them in?—Yes. These people are of course very difficult to deal with in regard to any sanitary arrangements, and there ought to be stringent rules and regulations. I did not consider the closets to be in at all a satisfactory condition.

4736. Is there an attendant for each ward or are they dependent on the leper attendants?—I believe they are dependent on the leper attendants. The medical officer would be better able to give information on that point.

I think, considering the number of patients, that the staff should be considerably strengthened, so as to enable the sanitary and other arrangements to be efficiently carried out.

4737. Do you think there ought to be a larger proportion of healthy attendants?—Most certainly.

4738. As to the condition of the wards, are they more or less attended to by the lepers themselves?—I believe so to a great extent. I think it is very desirable to encourage the more healthy patients to render assistance by making them a small allowance.

4739. From your experience of lepers, do you think there would be any difficulty in getting them to work, that is those who are well enough?—Without doing this I think there would be a difficulty, for this reason, that the patients think they are torn away from their families and just placed on the island to die and they are more or less independent. I think that those appointed to have charge of the lepers should be persons who are deeply interested in their comfort, and who realize the fact that these people demand care and careful management. I think that those in charge are too apt to get accustomed to scenes that are harrowing to others, and the question arises whether more frequent changes in the staff might not be advisable.

4740. Do you mean the nursing staff or the staff generally?—The whole staff on the island.

4741. You think, in other words, that there is a danger of the attendants becoming callous?—Yes.

4742. If your idea was carried out, would there not be a risk of getting wholly inexperienced people?—That could easily be obviated. I think it should be as is the case in other institutions, where a certain number of directors retire periodically and new men come in. You have a certain number of experienced men and a certain number of inexperienced men. I only speak of the principle; there might be a great difficulty in carrying it out because of the repulsive nature of the disease.

4743. Would you not have to make provision for those persons whom you compulsorily retired?—No; you make your arrangements with them, subject to so many months' notice, and they would have nothing to complain of. Of course those who have served for some time ought to be considered.

4744. Have the male lepers any day rooms?—Yes.

4745. Are they comfortable?—It would be difficult to make them more comfortable for the class of people. A large majority of the patients have been accustomed to mud floors and so on.

4746. Were the living rooms clean when you visited them?—The floors were sanded, and they appeared tolerably clean.

4747. *Dr Hoffman.*] Do you consider that the patients are comfortably housed, as much so as they would be in their own homes?—Yes, the majority of them are better cared for and housed than they would be in their own homes undoubtedly.

4748. *Dr. Fismer.*] Have you had any complaints about the wind or the glare from the sand?—Yes, they have complained about both.

4749. *Chairman.*] Do you think the wards in the male leper establishment are warm enough in winter?—Where a number of persons are congregated together they would naturally be warm one would think, but nevertheless they complain of the cold.

4750. Have they complained about the want of sufficient clothing?—Yes.

4751. Have you visited the island in winter?—Both winter and summer. I may say that some of the patients have complained of favouritism in regard to the issue of clothing. They complained that the party in charge has certain favourites who get more than others. I remember that one man in a very advanced stage of the disease came and showed me a pair of boots he had been wearing and the leather was very hard indeed, just like a piece of

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wood. The man said that he had had these boots for twelve months. That was reported to the Government.

4752. I gather from what you say that the issue of clothing on the island was rather unequal?—That was the complaint.

4753. Have they complained?—Yes.

4754. Have any other patients complained to you about the unfair distribution of clothing or rations?—Yes, about both.

4755. Are not the lepers sometimes paid for doing certain things?—That I do not know anything about.

4756. Did you consider from the frequency of the complaints that they were well-grounded and pretty general?—Yes; they were pretty general and I think there were sufficient grounds for them. At the same time I must add that it is impossible to satisfy some people.

4757. Have you visited the female lepers frequently?—Yes.

4758. As regards the condition of their dormitories, was it satisfactory?—I think it is open to great improvement, the rooms are too low and they are badly ventilated. I do not think they are overcrowded, but there is a want of comfort about the place. I am bound to say that under Mrs. Pavel, the previous matron, the wards were kept much cleaner than at present.

4759. Did you notice any healthy children in the dormitories with the women?—I could not say positively whether they were healthy or not. I saw some children; whether they had the disease developed or not, I could not tell, apparently they were well; the matron informed me that they were.

4760. Had the women any place in the dormitories to put their clothing in when they took it off?—None whatever.

4761. Where was it kept?—As far as I could judge it was kept on the bed or on the floor or in open boxes under the beds. We reported that to the Government and said that proper provision should be made, and we suggested how it should be done. You will find that in our reports.

4762. Were the dormitories clean?—They were not. I have myself pointed out to the present matron that the wards and dormitories were not in the condition they ought to be in, and not only the dormitories but the intervening spaces—She replied that she could not overtake the work.

4763. *Dr. Dodds.*] Do you speak of the present matron?—Yes.

4764. What is her name?—Mrs. Walters.

4765. Do you refer to the intervening spaces outside the wards?—Outside the wards there was a lot of filth lying, and no attempt seemed to be made to keep the place clean, and it was untidy between the beds; I told the matron that if she had not assistants enough she had better apply to the Government. There is nothing to prevent the place being kept clean.

4766. What assistants had the matron?—I saw one woman there, a white healthy woman, and then there were some leper women assistants who appeared to be working about in the kitchen and also in the rooms.

4767. I understand that the matron complained that she had not enough staff?—Yes. I was always in the habit when I first landed of visiting the male and female lunatic asylums, and the female leper asylum, and on one occasion I must say I found the sanitary arrangements at the female wards scandalous. I reported the matter to the Government.

4768. Regarding the dormitories were they untidy?—No; the beds were made up and the place seemed pretty tidy, but the patients complained of not having sufficient wearing apparel and underclothing.

4769. Was the ventilation of the wards at all defective?—Yes, very defective; the buildings are too low.

4770. As to the sanitary condition of the female leper establishment, what was that like when you visited it?—The closets are some distance away, and I found that they had not been cleaned for some days apparently, as there was a quantity of excrement on the seats and on the floors. We reported upon that to the Government. I presume that was communicated to the matron as it was not so bad on the next occasion.

4771. Did you speak to the matron about the condition of the closets? —Yes; she said the convicts only came every other day to clean them out.

4772. Did they come every second day?—So I understood.

4773. Would you have thought from their appearance that that was so? —They could not have been from what I saw, the tubs were so full; it was quite disgusting. I spoke about the matter; the next time I went over there was an improvement, but of course there is always a difficulty with coloured people; they are not accustomed to any sanitary arrangements in their own homes, and the result is a want of attention to these details. If the pans were of a proper size, and if the closets were cleaned daily, and the dry earth system applied, it would be much more satisfactory.

4774. Are any disinfectants used in the closets?—I have never seen anything of the kind in the female wards when I have been there.

4775. *Dr. Edington.*] Have you seen any chloride of lime used?—No, not in the female department. I have seen it in the male department strewn about.

4776. *Chairman.*] Is the accommodation for the women in the dining and day rooms satisfactory?—The women when they are not outside, seem to sit in their sleeping rooms a good deal.

4777. Do you think that is conducive to health?—Certainly not, but you must bear in mind that the surroundings of the female department are anything but attractive. It has been suggested that the front part might be laid out with grass and shrubs to make it look better.

4778. What were the principal complaints that the women made to you as a visitor?—It is the same complaint with most of them that they want to go home. I told them that I had only been appointed by the Government to ascertain whether they were treated properly, and that I had no power to authorize their going home. They do not like being torn from their families and friends, as they say they have committed no crime. One women told me that a policeman just came and took her baby from her and she was sent over to the island. Beyond wanting to go home they have no serious complaints. I may say that it is difficult to ascertain the true state of things, as the patients have a fear that if they make complaints it may turn against them. In both departments the food is good and well prepared and it presents a marked contrast to the food in the male wards.

4779. Were there not some Kimberley nurses on the island at one time? —That was in the male department. We suggested to the Government that one of the male wards should be treated as a hospital ward. Many of those who live away from the hospital had to walk a long distance sometimes to get medicines and so on, which I think is a grievance. There were several nurses from Kimberley, and I believe that one is still there. When I spoke to her about trying to educate some of the patients sufficiently so as to be able to assist her, she said she had done so, and I believe they receive a small remuneration, but in the female wards I saw no nurses, only the matron and her assistant; the patients had to help themselves a good deal.

4780. Have the Kimberley nurses all left?—I believe so, all but one. I believe they were only invited to go to the island to establish things as it were.

4781. Were they not asked to remain on permanently?—I do not think so.

4782. Did they complete their term of engagement?—That I do not know.

4783. Is there sufficient water for baths both in the male and female leper asylums?—No; if you can only induce them to use the baths, it would be a good thing.

4784. Is that a difficulty?—Yes.

4785. Are there no regulations at all as to the general method of conducting the routine of the wards?—I do not know of any; they have never been brought to my notice. The superintendent may have some regulations. As

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I have stated already, the work of going over the various wards is so great, that one's visit of inspection must be more or less cursory. I may say that we have from time to time urged upon the Government to strengthen the medical staff to a large extent.

4786. Do you think it ought to be increased ?—It ought to be doubled at least.

4787. At present there are only two medical men on the island to do the whole of the work ?—Yes ; and judging by our own experience from our visits to the wards, it is impossible for two men to do the work satisfactorily. Dr. Impey has to do a great amount of clerical work in the office, leaving it to the other doctor to visit the patients. If Dr. Impey is away, there is only one medical man on the island, and it is impossible for him to attend to so many people. We have urged upon the Government over and over again to materially strengthen the staff.

4788. Do the patients undergo any sort of treatment ?—For the reasons I have stated it can only be partial.

4789. Have they complained to you as a visitor that they do not get treatment ?—Yes ; they complain that they do not see the doctor sometimes for three or four days.

4790. Owing to the medical staff being so small, do you consider that it is impossible for the scientific investigation of the disease to be systematically undertaken ?—Yes ; it is a matter of impossibility ; they cannot do it.

4791. In fact, they cannot discharge their present duties, I understand you to say ?—No.

4792. As regards the island itself, do you consider the climate suitable for lepers ?—I can only speak as a layman ; my own opinion is that it is not suitable ; it is too bleak, and the glare of the sun is bad for the eyes of the patients.

4793. Do they complain to you of the glare ?—A number of the patients have complained.

4794. Do they complain about the wind ?—Yes ; the wind as well.

4795. And the cold ?—They complain about the cold in the winter time.

4796. Do you regard the climate as healthy ?—Yes, for healthy persons.

4797. But not for lepers ?—No.

4798. Do they complain to you that the climate tries them ?—Yes.

4799. Do you think the water supply is sufficient on the island ?—I think from what information I have obtained that it is not.

4800. Do you think that the island only offers the best conditions for segregation because it is an island and for no other reason ?—For no other reason.

4801. Apart from the climate and the nature of the soil, are there any other reasons which render Robben Island unsuited for lepers ?—I think as I have already said that there should be changes in the administration from time to time, because when attendants and others are constantly seeing the disease they are apt to become callous. Another thing is, that the sea voyage debars many persons from visiting their leper friends and relatives. My opinion is that the lepers should be located on the mainland, where there could be ample provision for segregration. I feel rather strongly upon the matter, because these people have committed no crime and they are virtually imprisoned for life. The groatest criminal can look forward to his freedom some day, but these people are placed on the island to die. As they are put there for the public good, the public should be prepared to see that their comforts are amply studied and not allow the patients to feel that they are entirely isolated from the world, and that is really the effect upon them. The female lepers are kept within a compound, which is of course a great hardship.

4802. Would you say that the staff of the island is in any way affected by the isolation ?—It must necessarily have some effect.

4803. Do you think the moral influence on the staff would be better if

the leper asylum was on the mainland?—Yes: I think it would tend to improve the moral tone of the whole establishment.

4804. During your experience has any friction arisen on the island between the patients and the officials or among the patients themselves?—I have only heard reports.

4805. Has anything come to your personal knowledge?—No.

4806. Has any difficulty arisen that you know of in regard to the staff?—There is a matter, but I would not feel justified in mentioning it, as the persons who gave me the information said that if it was made public it would affect their position. The information was communicated to me privately as a visitor.

4807. *Dr. Edington.*] Could you not give us some hint, so that we might make enquiries ourselves?—I think the Government ought to give you the information, if they can do it.

4808. *Chairman.*] One of our duties is to offer suggestions for the amelioration of the condition of the people on the island; is there anything that occurs to you with regard to that?—I think there should be a change in the staff from time to time.

4809. Do you state that from your knowledge that certain friction has arisen into which you do not feel free to enter?—That is so.

4810. Could you not under any circumstances give us some clue so that we might investigate the matter?—I would not feel justified in doing that. The information was conveyed to me in such a way that it would be a breach of faith on my part to do so.

4811. Is it embodied in any of your reports?—No.

4812. *Dr. Dodds.*] Has the Government got any evidence about it?—I cannot say.

4813. *Dr Hoffman.*] Could not the condition of the island be improved by tree-planting?—Yes that could be easily done.

4814. Do you think that trees would grow well?—Yes. I promised Dr. Impey that I would supply him with a large quantity of wattle seed.

4815. Would that grow well?—Yes, it grows now in front of Dr. Impey's house. The seed might be strewn over the island, and the trees would be an improvement. The front part of the female asylum is in a disgraceful state, there is nothing pleasant or cheerful about it, whereas with the expenditure of a little money it might be made more presentable. It is the same in front of the male quarters, there is nothing but sand. I think trees and flowers might be got to grow with care.

4816. *Dr. Edington.*] Where would they get the soil from?—Grass would grow on the sand. On the Woodstock beach you will find fine turf close to the sea; the saline particles seem rather to encourage the growth.

4817. *Dr. Fismer.*] Do you think that trees would grow in front of the male wards?—Yes; the wattle certainly would grow and afford a shelter. Something of the kind will have to be done as I have stated. I promised Dr. Impey that as soon as the winter sets in I would supply him with a large quantity of the wattle seed. Of course the ground must be fenced in where it is sown, so as to keep out cattle, but I do not see why the patients should not be encouraged to look after that sort of thing.

4818. *Dr. Edington.*] Are the rabbits likely to interfere with the young trees?—I think not. There are wattles already growing on the island.

4819. *Dr. Hoffman.*] Do you think that iron houses lined with wood are suitable for lepers?—No, not unless some material is placed between the iron and the wood. If the Government thought of putting up a wood and iron building for the new asylum at Valkenburg, I am sure that we would not approve of it.

4820. *Chairman.*] From your knowledge of the island would you be in favour of the doing away with the leper establishment there and locating it somewhere on the mainland?—Certainly.

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4821. Would you be more in favour of spending money in that direction than spending any more money on the island?—Yes.

4822. Do you think that such removal would be beneficial not only to the lepers themselves but also to the staff?—Yes. If leprosy is to be eradicated by segregation and there are no other means it must be a complete segregation, not the segregation of a certain number of people while others are allowed to be at large, as is the case at present.

4823. Do you consider segregation a failure on the island?—The spread of the disease is perhaps minimized to a certain extent, by partial segregation, but if segregation is to be effectual, you must segregate every one who is diseased, and that is not done.

4824. *Dr. Hoffman.*] Would you advise having one large establishment on the mainland or several small establishments from what you have seen?—I think some of the better class patients of advanced years might be isolated at their own homes. There is one very respectable farmer on the island now; he is an old man, and at his time of life, I see no reason why he could not be isolated on his own farm, but I am afraid if you had various establishments throughout the Colony, the expense would be enormous.

4825. *Dr. Edington.*] Would you be in favour of having small leper establishments in connection with existing hospitals, where patients could be kept and looked after?—I think if you take these persons away from their families, whether you put them in one place altogether or at various small places it would be just the same. The most painful part is taking them away from their families.

4826. *Dr. Dodds.*] Are you in favour of compulsory segregation?—That appears to be the only way of eradicating the disease. Apparently the disease is spreading from what one sees. I know myself a well-to-do family not a 100 miles from Cape Town. The man himself has tubercular leprosy in a bad form, frequently a lot of pus. He had one child who died of leprosy and his son has a daughter who suffered. His wife was a healthy woman, but I noticed recently that her face was beginning to swell. Whether it is a development of the disease or not I cannot tell, but that is one instance of how the disease can spread.

4827. *Dr. Herman.*] Did those cases come on the island?—No.

4828. Are they within the knowledge of the authorities?—No, I presume not.

4829. *Dr. Dodds.*] Do you know of many cases like that?—There are many cases, and that is what the patients on the island complain of; they say it is unjust not to make segregation complete. They say they were induced to come to the island upon certain representations.

4830. *Dr. Herman.*] If these cases do not come within the knowledge of the authorities how are they to be dealt with?—I have only given that as an illustration of how incomplete segregation is.

4831. In what way would you get at such cases as you have just mentioned?—Through the field cornet.

4832. Do you think he ought to notify any case of leprosy?—Yes; he knows nearly every family as a rule.

4833. *Chairman.*] Have complaints been made to you by persons on the island, that some lepers are allowed to be at large on the mainland while others have to be sent to the island?—Yes.

4834. Do they think the Act is not impartially administered?—Yes, from the way they complained to me. They seemed to think that as they were placed there everyone who was a leper should be brought to Robben Island.

4835. *Dr. Dodds.*] Does the field cornet know about the cases you have referred to?—That I cannot tell; he ought to know. There are a number of leprous families about Saldanha Bay.

4836. *Dr. Herman.*] Do you think that very many more white people are affected than we have any knowledge of?—Yes.

4837. Could you assist us with any information to enable us to get at cases?—No.

4838. It is a very important matter. From statistics which we have before us we are led to infer that 1·8 per thousand of the white persons in this Colony are affected; how do you think we could get any knowledge of these cases?—There are the field cornets and district surgeons, who ought to report such cases.

4839. Would you recommend that the field cornets should make a personal inspection?—That would be the only way to obtain information.

4840. Should they visit every house?—Yes. Take the case of Cape Town. I spoke to a medical man the other day, Dr. Roux, and I said supposing all the lepers in the Colony and the neighbouring States were placed on the island and they all died, would there be leprosy again and he replied, "Certainly. I have myself noticed persons going about who undoubtedly have leprosy."

4841. *Dr. Edington.*] Are you aware of the way in which field cornets are appointed; do they mostly belong to the district in which they live? Yes.

4842. They might have many relations; do you think if they made a personal inspection that it would be always properly done?—I do not think it would.

4843. Do you think it would be advisable on the part of the Government to appoint an inspector of field cornets in the Colony, and if they were found to have neglected their duty they should be discharged?—Something of the kind would have to be done if segregation is to be complete and carried out in its entirety.

4844. At the present moment the duty of notifying the occurrence of leprosy mostly falls on the field cornets; do you think they are the best class of persons to carry it out?—Naturally they would be influenced by friendly feeling in some cases, I daresay.

4845. *Dr. Herman.*] Have you visited the island on boat days?—Yes.

4846. Do many friends of the lepers go over on those days?—I believe so.

4847. Do you know whether the lepers meet their friends?—Yes.

4848. *Dr. Dodds.*] Do they get special permission?—I presume so, I cannot give you any information about that.

4849. Have you been on the island while friends have been visiting the patients?—On one or two occasions I have.

4850. Which days do they visit?—Mondays, Wednesdays, and Fridays. Sometimes the days are altered I believe.

4851. Can we find that out from the authorities?—Yes.

4852. Do you think the males and females are sufficiently separated?—I did think so, but I think otherwise. The women have a wire fence all round their quarters, but that is not sufficient.

4853. Has it ever come to your knowledge that men have got inside the compound?—It has never been reported to me, but I have incidentally heard it.

4854. *Dr. Edington.*] Have you got to know it in any way?—I heard of one instance where the segregation had been broken through. I do not know how it occurred.

4855. Do the official visitors investigate such a matter as that?—No; we have to look into the comfort of the patients and report upon it, matters of detail rest with the medical superintendent.

4856. Do not you think it would be wise to extend the power of the inspectors so that that they might go into all these details?—Yes, if the Government gave us the power we would do it, at least I speak for myself. I should, however, be chary about undertaking duties which were not imposed upon me.

4857. Have you any regulations to guide you in your visits?—No, none

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at all. I should like to add to what I have already said that it appears from the inadequate provision for the supply of the medical staff, that not alone should that staff be strengthened, but that medical students might be invited to avail themselves of the opportunity to investigate the causation, &c., of leprosy.

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4858. *Chairman.*] Are you one of the official visitors to Robben Island?—Yes.

4859. Have you visited the island recently?—Yes.

4860. How long have you been a visitor?—Four or five years; since May or June, 1889.

4861. Did you receive any special instructions from the Government when you were appointed?—I was asked to inspect the lunatic asylum.

4862. Was any code of instructions drawn up for your guidance?—No; not that I remember.

4863. How often do you visit the island?—Every quarter, at odd times.

4864. Will you explain the method you adopt in visiting?—I generally choose a fine day, and when I arrive I go to the medical superintendent and tell him that I am going through the wards. To inspect the whole establishment in a day is hardly possible in the time allowed.

4865. What time is allowed by the boat?—It arrives about half-past ten and is supposed to leave at four. I am often kept waiting for a considerable time, and I think the inspectors ought to be allowed a special boat to take them over and bring them back at their convenience. I am afraid to stop at the wards till the very last moment, lest I should be left behind.

4866. Then the boat is not wholly at your disposal?—No; we have to wait on the boat, not the boat on us. We are constantly kept waiting, and I think to make the inspection effectual, a trip over ought to be made at any time, even at night.

4867. Have you visited the leper wards?—Yes; very thoroughly. I know nothing about the disease, but I have visited the dormitories, kitchens, water closets and so on.

4868. Do you consider the accommodation for the paying male patients is good?—I think so.

4869. Did they complain to you?—Yes; they complained about being on the island and about the food also and the accommodation. I should have thought these men, who did not appear to be very bad, might have done a little more for themselves.

4870. Do they do their own cooking?—They supplement the island cooking; their friends bring them over little delicacies and they cook these themselves.

4871. Did they complain about the quantity or the quality of the food?—They grumbled a good deal.

4872. Do you think they were fairly well off?—Yes; as far as anyone can be well off on Robben Island.

4873. As regards the non-paying patients, did you inspect their dormitories?—Yes.

4874. Did you come to any conclusion as to whether they were overcrowded?—They were full. I do not know that they were overcrowded. I noticed two old couples there, and I think they might be allowed to live together; the wives are past the child-bearing period, and it would add to their happiness, as they are practically prisoners for life on the island.

4875. Did you consider the dormitories clean?—On the whole I think so. I pointed out one or two little things which I thought might be improved.

4876. Did you inspect the closets attached to the male leper wards?—Yes, all the closets. They were clean on the whole; but some of the lepers are unable to get on to the seat.

4877. Did you find evidence of that?—Yes.

4878. How often are the closets emptied?—I believe the convicts empty them every day. The morning I was there the place seemed to have been recently cleaned out.

4879. Did you go into the kitchen?—Yes. The drainage connected with the kitchen was very bad, and the cooks seemed to throw the slush out of the window into a hole outside.

4880. Did the patients make any complaints?—They were mostly of a frivolous nature.

4881. Was the food good that you saw?—I thought it very fair, I did not taste it. I generally taste the food the lunatics get.

4882. Do you think they get enough?—Yes. I do not know whether leprosy increases the appetite, but the messes I saw I should have thought were enough.

4883. Was that during the dinner hour? –Yes.

4884. Do you know anything about the quality of the tea, coffee or sugar?—No.

4885. Was the dinner the only meal you saw?—Yes.

4886. And there seemed to be enough food and of good quality?—Yes, as far as I could judge it seemed good. I thought it was very good the last time I was there. I should have been very glad to eat it myself if I had been hungry. There was good soup and plenty of meat and vegetables.

4887. Would you yourself have eaten such a meal?—I should have been very glad of it if camping out.

4888. With regard to the attendants, do you think there are sufficient?—I think so for the class of people. There were some complaints which I could not get at the bottom of.

4889. Did you also inspect the female wards?—Yes.

4890. What conclusions did you come to with regard to the condition of the dormitories?—They were good, well ventilated and large enough. No more overcrowded than a barrack room would be.

4891. Does the ventilation mainly depend on the opening of the windows?—Yes. I do not think the lepers like the windows open. The rooms have struck me as being close sometimes but on the whole there was nothing to complain of.

4892. Were they fairly clean?—Yes, when I have been there. The last time I was there I spoke about the state of one of the floors, but I may have gone over the day before the scrubbing took place. Taking it as a whole, the place was clean.

4893. Is there any special routine in regard to scrubbing and cleaning the wards?—Yes, I believe so. I do not know what the regulations are.

4894. Did you see any printed rules?—No.

4895. Did the women seem fairly contented?—They seemed rather cast down, and some of them would cry when you talked to them. Their chief complaint is about being separated from their friends and relations.

4896. Did they complain about the food?—No.

4897. Did they complain about the washing of their clothes?—No Some of the Africander boys made a complaint, but I thought the food they got quite good enough, in fact a great deal better than what they were accustomed to at home.

4898. Did you think the accommodation was far better than what they could possibly get at home?—Yes. I think so. They would not have such cleanliness at their homes.

4899. Were the closets clean in the women's quarters?—Yes, the morning I saw them. Some of the patients ease themselves on the seats and on the floor I noticed. I have seen that more than once.

4900. Do you think the closets are attended to daily?—I think so, in both wards. The washing place at the female ward was not quite so clean as

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it might have been, but on the whole the compound seemed tolerably clean.

4901. Have the patients facilities for baths?—Yes. I do not know about the water.

4902. Is that scarce?—Yes; I think it would be better if there were more nurses. I only saw two in the male leper ward.

4903. Do you consider the present medical staff sufficient, taking into account the number of the patients, both leper and lunatic and the other healthy inhabitants, and the area of ground which has to be traversed?—I think in one or two of my reports I suggested that there should be another medical officer. Three would not be too many. I think myself that it would be better if the institution was on the mainland, so as to get rid of the cliques and feuds which exist.

4904. Do you think the medical staff as it at present exists can possibly study the disease from a scientific standpoint and make post mortem examinations?—I hardly think so.

4905. You think that much has to be neglected under present circumstances, as there is so much other work to attend to?—I think there is too much other work to attend to—I think there is ample room for three medical men if close attention is to be paid to the study of the disease. It is also a point whether the head medical man should be governor over the island so to speak, because a great deal of his time must be taken up with official work not connected with the profession.

4906. You think that is not desirable?—Just so. I have always thought that they were undermanned also as regards nurses, and I suggested whether they could not employ some of the lepers to help nursing lepers, as they have their hands so full in attending to the patients, dressing and so on. There are only two nurses in the male ward.

4907. Would you suggest an increase in the nursing staff?—I think so.

4908. Do you consider that the number of nurses and attendants should be in proportion to the number of patients?—Yes; I would put it on that footing.

4909. Does the deficiency in the medical and nursing staff give rise to any difficulty in carrying on the work on the island?—That I could not say

4910. During your experience has any friction arisen between the leper patients and the attendants or among the attendants themselves?—I have not heard of any.

4911. Nothing of the kind has come to your notice?—No.

4912. Has there to your knowledge been any disturbance on a large scale?—There was a disturbance some time ago; the man who caused it was at the Old Somerset Hospital, he had been sent from the island.

4913. Was he sent from the island as a troublesome character?—I believe so, as a sort of punishment. He tried to cause a disturbance among the lepers from what I could make out. The fact is the patients strongly object to being separated from their families, and I should not be suprised if they broke out in open rebellion.

4914. You do not think there are any defects in the administration?—Not that I know of.

4915. Do you regard the climate of the island as at all prejudicial to the health of the patients?—I think you cure the leprosy by killing the patients in many cases. The Free State lepers I believe feel the difference in climate, and I do not know why we should take charge of them.

4916. Have many of them died?—They are dying off. I constantly hear of some of them dying when I go over and I should like to see a return of the death rate.

4917. Would not the state in which they arrived have to be taken into consideration?—That I could not say, but I believe the climate of the island brings on chest complaints in the case of many of the Kafirs. I see many

of them coughing and looking very miserable. These poor creatures are taken over to the island and made prisoners for life, with nothing to do. If they were isolated on a farm on the mainland they would certainly have more cheering prospects and pleasant scenery, and you might possibly induce them to do a little gardening. They have nothing to do on the island, except it is fishing.

4918. Would tree planting be a good thing on the island and tend to improve it?—I doubt if you could get trees to grow there. I do not know what the water supply is, but I believe it is very scarce. I think also that the soil is very indifferent for anything of the kind.

4919. Do you think on the whole the patients have improved on the island; do the treatment and general supervision they get there exert any beneficial influence upon them?—No, I should say not.

4920. Regarding the island from a social point of view, do you think the isolation tends to act prejudicially on the staff?—Yes, I do.

4921. And upon the inhabitants generally?—Yes

4922. Why is that?—There is a comparatively small community, and they seem to be constantly having feuds of some kind or other.

4923. Have these feuds ever come officially to your notice?—No, but I know there is a good deal of bitter feeling existing; I cannot find out who is to blame. If I had my way, I would periodically change the whole lot of officials with one or two exceptions.

4924. Do you mean that you would introduce new blood from time to time?—Yes.

4925. *Dr. Dodds.*] Have not there been almost too many changes; Would it not have been a good thing if some of the nurses could have been retained?—I remember one very good matron in the female asylum, Mrs. Pavel, a German woman, who has left, and Mrs. Walters also seemed a very good nurse as far as I could tell; she is going I believe.

4926. *Dr. Herman.*] What is the reason of those changes?—I cannot find out. There seems to have been a squabble about something or other. People living on the island are able to save money. I know one constable there who saved more money than ever he did on the mainland.

4927. Then we may infer that it would be something very special that would cause them to leave a good appointment?—I do not think it is anything very special; it is the general atmosphere of the place; it is too confined.

4928. *Dr. Dodds.*] Would it not be a good thing if the staff had an opportunity of coming to town and returning the same day?—It would undoubtedly be an advantage if they could get away for longer periods.

4929. *Chairman.*] Would you be in favour of removing the whole establishment in view of the fact that more money might be required to be spent in increasing the accommodation for the lepers on the island?—I am very much inclined to think that the lepers would be better on the mainland. The idea is that they are segregated on the island, but that is not the case.

4930. On the whole you would be more inclined to spend money on an establishment on the mainland?—I think so, and I am borne out in my idea by one or two members of the Dutch Reformed Church. I have not spoken to my brother-in-law, the Rev. Andrew Murray, about it, but I understand he thinks the lepers could be isolated quite as effectively and with much greater comfort to themselves on a farm on the mainland.

4931. Would it have a good effect on the lepers themselves; would it make them more contented?—Yes, I should think so.

4932. Are you of opinion that segregation is effectively carried out on the island?—No, certainly not. Visitors go over there and eat with the lepers, talk to them, and I believe kiss them. I have not seen any actual kissing, but I think they do. At all events I have seen them in close contact one with the other on visiting days.

4933. In the case of persons visiting the male lepers, could they walk

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about to any part of the island, or must they necessarily stay in the wards?—I have seen them in the wards. I have not noticed them wandering any distance. I have seen them sitting about with their friends in little groups, and they seem to be quite satisfied, and remain as long as the time will allow.

4934. Then you think the segregation is not efficiently carried out?—No.

4935. *Dr. Herman.*] Have you gone over to the island on boat days when friends have been visiting?—Yes. I think the last time I was there I went over with some people whom I subsequently met in the wards.

4936. Do the lepers come down to the boat to meet their friends?—I have not seen them. There may have been some lepers about, but I did not notice any when I landed.

4937. Did you see these people in the wards or in the day rooms?—In the wards; they were sitting there, some on the lepers' beds and some elsewhere in little groups.

4938. Were they sick lepers who received their friends in the wards or healthy lepers?—They were not very bad cases as far as I could see.

4939. Was there any reason why they should not have received them in the day room?—No.

4940. *Chairman.*] Were the visitors under any sort of supervision; was there any one in attendance?—There was a nurse in the room walking about, but I did not see her watching the visitors particularly. I spoke to her and she showed me round.

4941. Did you see the visitors eating with the lepers?—I saw food there.

4942. Was the food brought over by the visitors?—I do not know. My impression is it was brought over. They constantly bring over little delicacies, something beyond the ordinary fare on the island.

4943. Did you see the friends of the lepers carrying any presents away, fruit and so on?—I saw them bringing nothing away.

4944. Did any of the friends stay on the island?—That I do not know.

4945. Had they all passes?—I do not know. I should think so. I saw a man going round and asking for the passes very carefully.

4946. Was there a promiscuous crowd of men, women and children of all ages?—Yes, I think there were children as well.

1947. Were these visitors allowed to go practically everywhere?—When they landed, they wandered about, I think first through the lunatic asylum.

4948. *Dr. Herman.*] How do the lepers amuse themselves on the island?—They seem to have very little amusement indeed. They play draughts and dominoes, but there is a terrible want of occupation for them. I have often spoken about it.

4949. Do you think the island could in any way be made capable of farming operations, such as the keeping of cattle sheep and horses?—I should not think so.

4950. At one time was there not a large farm on the island?—I do not know. There are some sheep and cattle there now.

4951. Is the island denuded of shrubs and bushes?—It seems to be so.

4952. Do you think it is a wise thing to allow the rabbits to overrun the island?—I think it would be better if they were destroyed; they must be a great obstacle to tree planting, they come right into the village.

4953. Are they not also a nuisance in the way of throwing up the loose sand?—Yes, they get into the walls of the buildings, and I have myself seen them running about between the hotel, as it is called, and the landing-place, close on to the beach.

4954. If the island is to be planted with trees and shrubs and made a more habitable place, would it not be necessary to destroy the rabbits altogether?—I think so. They are very destructive to plantations.

4955. *Chairman.*] Do you think the segregation between the male and female lepers is complete?—As far as I could judge I should think it was. I do not know how it may be at night. There are not many warders, and if a female leper had a male friend he might possibly get into the wards without being noticed.

4956. Have you examined the nature of the wire fence round the female compound; could the men get over that?—Yes, anyone could, unless it was a leper who had lost his fingers. It is not difficult to climb over the fence, it is about six feet high, and the wire itself seems to afford a foothold.

4957. I understood you to say that you thought the old married couples might be allowed to live together?—Yes.

4958. *Dr. Herman.*] Have you found that the lepers are ready to come up and make complaints?—Yes, too ready to be pleasant for visitors.

4959. I suppose your time is very limited and you have hardly opportunity to speak to a very large number?—No. They speak to me before I speak to them, and always on the same point, about the separation from their friends and relatives.

4960. Do not you think it would be wise to have some sort of complaint book in which complaints could be entered and attention at once called to them?—There would be no harm in that, but the bulk of the complainants would not be able to write, and if they did make any complaint they would soon feel it.

4961. You think then it would not be wise for them to complain in a book?—No. The attendants would make it too hot for them, they would be looked upon as grumblers, and there is a feeling now that a little favouritism is shown; whether it is true or not I do not know.

4962. Is that complaint brought to you?—No. I hear it.

4963. Both from the male and female patients?—Yes. If they are favourites it seems they get little advantages.

4964. *Chairman.*] Do you know anything about the issue of stores?—No. I may say that the Sufferers' Aid Society did a great deal of good on the island at one time, but I think it is defunct now.

4965. Have you noticed any of the lepers badly clad?—No. I can not say that, but in winter it is very cold and bleak and some additional clothing would add much to their comfort. I think they appreciated the visits of the ladies belonging to the Sufferers' Aid Society very much.

4966. Is there any other matter which as a visitor you wish to bring before us?—I do not know of anything.

4967. *Dr. Herman.*] Do you think the communication between Cape Town and Robben Island is sufficiently satisfactory?—At one time you had to go over in a sailing boat; now the opportunities for going over are to my mind easy compared with what was formerly the case.

4968. *Chairman.*] Are they capable of improvement in your opinion? Of course there could be a steamer every day if the Government liked to pay for it. I certainly think that the official visitors should have greater facilities for making surprise visits.

4969. Are the steamers sufficiently powerful in the event of bad weather?—Yes.

4970. *Dr. Herman.*] Looking at the extent of the establishment on the island and its very great importance, do you thing the present communication with Cape Town is satisfactory?—Of course daily communication would be better than three times a week, but whether it is worth while spending another £1,200 a year to have it, that is another matter. I think a boat three times a week is sufficient.

4971. Do you think the distance of the island from the mainland is any serious inconvenience to the carrying on of such a large establishment as is there now?—There must be a good deal of inconvenience. I went over the other day when there was a load of timber on board and they had to bring it back

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again, involving extra expense and loss of time. There was not time to land it at the island and a jetty is greatly needed.

4972. *Chairman.*] Was the weather bad?—No, but there was such a mixed cargo on board that they had not time to land this timber. From a mercant le point of view that is an expensive thing as it involves double freight, and the freight is pretty high by the boat.

4973. *Dr. Herman.*] Have you known that to occur at other times?—Not to my own knowledge, I have heard of it.

4974. Do you know of passengers not being able to land on account of bad weather?—I am generally cautious enough to go over on a fine day, so that I have not seen any inconvenience in that way. I have heard of passengers suffering a good deal in going over, but I am surprised at the regularity with which the boat goes backwards and forwards often when there is a strong south-easter, and sometimes the wind springs up suddenly.

4975. Looking at the large number of people confined on Robben Island and their peculiar circumstances, do not you think that better facilities should be afforded for friends and relatives of the patients on board the boat, and more frequent communication between Cape Town and the island?—Yes, better accommodation would be a great advantage.

4976. Would it be not only humane but also advisable?—Yes, it is only a question of expense.

4977. Would the expense of keeping a steam pinnace in connection with the island be very great?—I do not think that you could keep a steam pinnace of any power under £2,000 a year.

4978. Would the advantage of having such a boat in connection with the island as part of the establishment be commensurate with the expense of £2,000 a year, do you think?—I do not know.

4979. *Dr. Dodds.*] Was there not a proposal that the port authorities should have a boat and that it should be used three times a week for Robben Island business?—The port authorities require a boat available at all hours, and if you mixed the two things up together it would be worse than ever.

4980. *Dr. Herman.*] You said that possibly the lepers could rise up in rebellion at any time; suppose such a thing were to happen, in what way could the authorities on the island communicate with Cape Town?—I do not know. They might have a cable or make signals in some way.

4981. Does that not point to the necessity of a more speedy and direct communication with the mainland than exists at present?—There is no doubt that more speedy and frequent communication would be a great advantage, and you can get it if you are prepared to pay for it.

4982. You have visited a good many establishments, such as the Porter Reformatory and so on; do not you find that where they are isolated and away from public scrutiny, difficulties in administration and discipline arise?—Undoubtedly they are very great. I have seen it in the case of the Porter Reformatory at Tokai and at the Valkenberg Asylum.

4983. Have you found the removal of the Porter reformatory to Tokai has decreased its efficiency?—I think so.

4984. Does not that apply much more forcibly to an establishment like that on Robben Island?—Yes. I think it would be better to shift it to the mainland than go to the expense of daily communication.

4985. Would you rather favour the removal of the whole establishment to the mainland?—If you think of going to a lot of expense in the way of communication, I would say rather remove it to the mainland.

4986. Are you of opinion that the present Leprosy Repression Act can be made to work well under existing circumstances at Robben Island?—I very much doubt it.

4987. *Chairman.*] Could segregation be better carried out on the mainland, in your opinion, than on the island?—I think it could be carried out just as well.

4988. *Dr. Herman.*] You think there would be no difficulty?—No.

4989. Have you found any difficulty in working the Porter Reformatory on the mainland?—No; it is far better than if it had been worked on the island.

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Dr. Todd further examined.

4990. *Chairman.*] Can you tell the Commission the name of the leper patient who was removed from Robben Island to the Old Somerset Hospital?—Franz Jacobs.

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4991. When was he removed from the island?—31st May, 1893.

4992. Was he under your care in the leper wards at the time he was removed?—Yes.

4993. Why was he removed?—I can only tell you my opinion; I have no facts.

4994. Was he under your charge?—Yes. There was an opinion abroad that he was instigating some of the other patients.

4995. How did that opinion gain credence?—Before I went to the island, as far as I can gather from the journal of the assistant medical officer who preceded me, he had instigated some of the other patients, but the immediate cause of his removal I am unable to tell you.

4996. Was he white or coloured?—A coloured Africander.

4997. How was it that he came to be removed at that particular time?—At that particular time he had, I believe, been writing to the Colonial Office and he had forwarded a petition to the Queen to the effect that the island was not a suitable place for the lepers, and so on. I only speak from hearsay; I did not see the correspondence.

4998. It was not on account of any immediate disturbance at that time, was it?—No; I really do not know why he was removed. So far as I am aware he was not then instigating the patients.

4999. What became of him?—He was removed to the Old Somerset Hospital, and he died there.

5000. Can further records of the case be obtained from the Old Somerset Hospital?—In the official journal of my predecessor there will be found an account of the previous disturbance. I have read it.

5001. Do you think there is any other means other than segregation which might be depended on to prevent the spread of the disease?—Only as I have stated already. There might be modified isolation.

5002. In the event of the disease being extinguished in the Colony, do you think there is much danger of its being imported from without, from the sea coast or from the neighbouring States?—I should say that the risk would be slight and it might be guarded against.

5003. Might it not come from such a place as Mauritius?—I should say that any suspected person could be examined and kept under observation by the local authorities.

5004. Would you call upon captains of vessels arriving here to notify any cases of leprosy?—Yes.

5005. Should leprosy be included in the list of diseases that captains of vessels had to report?—Yes.

5006. Would you have patients inspected by the local authorities?—Yes, if necessary, and certified by two medical officers.

5007. In the case of affected persons getting on shore, how would you deal with them?—They would be dealt with in the same way as lepers are now.

5008. In the case of coolie ships, would you have them inspected on arrival?—I suppose in such a case there would be a surgeon in charge who would have to make a statement to the port authorities.

5009. With regard to safeguarding the Colony from cases of leprosy from adjacent territories, the Transvaal, Free State, or Bechuanaland, what

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would you recommend ?—I think there should be some united action on the part of the authorities.

5010. In the case of fugitive lepers would you deal with them in the same manner ?—Yes.

5011. Would you call upon the headmen to notify cases of leprosy in Kafir locations ?—Yes; there is a pass system, and cases might be identified through that.

5012. Would you have Kafir locations open to inspection ?—Yes.

5013. You think those measures would be a sufficient safeguard ?—Yes.

5014. Do you think that lepers can under any circumstances be allowed to be at large without proving a source of danger in the way of spreading the disease ?—Yes. I do not think the disease is so contagious as some think.

5015. Might they be at large in any stage of the disease ?—Yes. Unless they were paupers and if they adopt proper precautions.

5016. Are you in favour of allowing them full liberty ?—Not full liberty. Precautions should be taken.

5017. Can you tell us anything about the administration on the island ? —I have nothing to do with the administration, only with the medical treatment of the lepers.

5018. With reference to the medical staff on Robben Island, taking into consideration the area which you have to traverse and the number of patients both leper and lunatic under your charge, as well as the healthy inhabitants who may at any time contract various ailments, are you of opinion that the staff is amply sufficient to cover all that ?—Under present circumstances we are undermanned, considering that one medical officer has to do the administrative work.

5019. Viewing leprosy from a scientific aspect as of very great importance, do not you think that the medical staff should be able to have sufficient time at their disposal for its study clinically, pathologically, and bacteriologically ?—Yes.

5020. Is it your opinion that with the present staff there is no time for that ?—Yes.

5021. Are you of opinion that in order to further the study of the disease and in that way confer a benefit on the community at large, your staff should be increased so that some time might be given to a side of the question which you are now quite unable to deal with ? —Yes, under present circumstances.

5022. Would you suggest the addition of one or more medical men ?— A good deal would depend upon the amount of work expected to be done, I think that two more medical men would be required in addition to those now on the island.

5023. Whose duties would be subsequently arranged ?—Yes, they would have to perform their work to the satisfaction of the profession and the public.

5024. Would it be an advantage to have say one of those gentlemen trained in the recent scientific methods ?—Yes it would be a great advantage if he could combine a bacteriological and pathological knowledge.

5025. *Dr. Dodds.*] In many of the large English asylums now they appoint specially a pathologist, ?—Yes; and he performs clinical duties as well.

5026. Would that answer on Robben Island, do you think ?—Yes.

5027. Not only for the purposes of science, but for diagnosis and deciding upon doubtful cases ?—Yes, and who could help in the event of the other medical officers being absent.

5028. *Chairman.*] Under present circumstances, in the event of the serious illness of either of the medical men on the island, you would be placed temporarily at a great disadvantage, would you not ?—In the case of Dr. Impey's absence, I have to visit every patient on the island, the lepers,

the chronic sick, the convicts, attendants, and workmen, everybody on the island in fact.

5029. *Dr. Dodds.*] During your absence the last few days did Dr. Impey have no one to help him?—No. I wish to state that my position is a peculiar one because if Dr. Impey is absent, I have to do his duties, and if the dispenser is absent, I also have to do his duties; practically once a month or oftener one or the other is absent and I have to do double duty, so that I have to do the dispensing for the whole establishment for two days in the month, and the whole of the medical work once a month. The hours I am occupied can be ascertained from my official journal.

5030. In the event of anything happening on the island, rendering it necessary to communicate at once with the mainland, how do you do?—A special boat would be sent across.

5031. Do you signal?—That is an administrative question, but having some slight knowledge of telegraphy I endeavoured to establish a heliograph, but that has fallen through and the only means of communication now is by means of a special boat.

5032. *Dr. Herman.*] Do you flash signals?—Yes, but that can only be done on sunny days.

5033. *Chairman.*] Can you signal by means of flags, or is the island too far off for that?—I believe that has been done, but never in my time.

5034. *Dr. Herman.*] What kind of boat would you send over in case of emergency?—A sailing boat.

5035. How long does that take?—It depends upon the wind and the weather.

5036. Has any serious inconvenience arisen through not being able to communicate with the mainland immediately?—Not within my experience.

5037. Has it ever occurred that the steamer has been unable to communicate with the island and land passengers or goods?—Yes, I have known them to be unable to land goods, but not passengers. I have heard of passsengers being afraid to go across but I do not think they have ever been unable to land.

5038. What accommodation is provided on the steamer for sick lepers?—That would be a question of administration.

5039. Has it ever occurred in your experience at all that lepers have arrived on the island in a very weak state on account of the voyage?—No.

5040. Have they ever received any harm from going over the sea?—Not to my knowledge.

5041. *Chairman.*] Do you think the fact of the establishment being located on a island far away from the mainland has a prejudicial effect upon the well-being of the staff and the inhabitants generally?—Yes, I do.

5042. Are you of opinion that it would be better if the establishment was removed to the mainland?—Yes, considering the depressing nature of the disease I do. I certainly think that the island is not a suitable place from a social point of view for such an institution.

5043. Would you be disposed in the event of more expenditure being necessary for accommodation on Robben Island to divert it to the mainland rather?—Yes, certainly.

5044. Do you think that the island is already overcrowded, and that a certain limit has been reached in the population, especially looking at the fact that so many of the inhabitants are diseased?—Speaking broadly I should say no.

4045. Would it be safe to put a larger population on the island than there is at present?—Considering that a number of the patients are practically confined within certain limits, that is to say, the lunatics and female lepers, I think that more people could be placed on the island.

5046. *Dr. Dodds.*] Is the water supply quite sufficient if the population is increased?—I should be against increasing the population. I have only referred to the available space.

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5047. Taking everything into account, do you think the limit has been reached, beyond which it is not advisable to go?—I should say so; indeed I might say that the limit has been passed. As to the drinking water, it is brought from the mainland.

5048. *Dr. Hoffman.*] Speaking personally, do you think the island is a pleasant spot for residence?—No.

5049. *Chairman.*] What do you consider would be the limit?—I should say 300 patients with attendants, bringing it up altogether to say 600 individuals.

5050. Are you of opinion that Robben Island is a desirable place for a leper establishment, lunatics, and chronic sick?—No, owing to its peculiar position, the difficulty of obtaning supplies from the mainland, water supply and the communication.

5051. Do you consider that segregation on the island is more apparent than real?—Yes, visitors come to and fro from the mainland.

5052. At first sight it seems to afford an advantageous place for segregation, but really it is not so?—Just so.

5053. *Dr. Hoffman.*] Would you approve of having one or two large wards or numerous small buildings separate from each other, with a view to segregation?—I think the new wards are suitable; the male leper wards are supposed to contain 40 patients, with a day room in the centre of each pavilion.

5054. *Dr. Dodds.*] For some of the patients might it not be advisable to have a few single rooms, so that they would have more privacy, these being allotted as a kind of reward for the better behaved lepers?—Yes. The classification is now in that direction. The better behaved patients are put into one ward and the dirtier patients into another.

5055. *Dr. Herman.*] Supposing that certain patients were suffering from erysipelas, should they be placed in small wards temporarily?—Yes, that would be a good plan. There are some small rooms that have been utilized in cases where women have been confined, for instance, and for the better class patients. There are three such rooms in the female establishment.

5056. *Dr. Dodds.*] You think such rooms might be given to the more industrious and better behaved patients?—If there were several small wards it would add to the difficulty of supervision, and cause an additional amount of work.

5057. If you selected your cases the patients might look after such rooms themselves and make them look homely, might they not?—They might.

5058. *Dr. Herman.*] Do you know of any cases in your experience where lepers have died during the night and have not been discovered till the next morning?—Yes, there have certainly been such cases.

5059. How often has that occurred?—No such cases have occurred to my personal knowledge, but undoubtedly there have been such cases.

5060. When the visitors pay visits to their leper friends and relatives, do you go to the wards?—My visits to the wards are usually made before or after visitors come.

5061. Is there sufficient restriction placed on visitors, or would you be more particular?—I think I would impose further restrictions.

5062. In what direction?—I would forbid indiscriminate visiting at the wards.

5063. Where lepers are sick in the wards how would you prevent it?—I would permit visitors to go to the wards under supervision.

5064. *Chairman.*] I believe that one of the constables was bitten in the arm by a leper during a recent disturbance, have you got his name and all the particulars?—Yes. The constable states he has been bitten.

5065. Was it a deep bite or merely an abrasion?—It was not deep, only superficial.

5066. Do you know the leper who bit the constable?—Yes.

5067. Was he suffering from tubercular or anæsthetic leprosy ?—It was an anæsthetic case.

5068. *Dr. Herman.*] Had this leper got any ulcerated surface in his mouth ?—No. I examined him.

5069. Do you think that case ought to be watched ?—Yes. I may say that Mr. Fitch, the superintendent, cut himself some years ago while attending to a leper, and some of the discharge got into his hand. I believe he would be able to give you details of the matter. The wound was cauterised with nitrate of silver. That was in Dr. Dixon's time.

5070. *Dr. Dodds.*] Are there any instructions drawn up with regard to disinfection ?—No.

5071. Do you find that the nurses and attendants are sufficiently careful ?—When the Kimberley nurses were there I frequently warned them with regard to cuts on their fingers and so on, but I think they got careless notwithstanding.

5072. *Dr Herman.*] Have any cases come to your knowledge where the disease has spread in that way ?—No.

5073. *Dr. Dodds.*] Do the visitors use any disinfectants at all ?—No; nothing of the sort.

5074. *Dr. Herman.*] What convenience is there in the different wards for attendants and nurses to disinfect their hands when dressing wounds ?—Dressings are only done at the hospital, except in bedridden cases, so far as I am aware. It is not advisable to encourage patients to dress their own wounds, because they neglect themselves for perhaps a week together; I have found it better to insist upon their attending at the hospital where the wounds can be properly dressed, and there is a nurse's room there where there are disinfectants, but at the other wards there are no such conveniences. In the female ward leper nurses dress the wounds, the matron does not do it.

5075. Is there a destructor on the island to get rid of the refuse ?—No.

5076. Would such a think be a great advantage ?—Yes.

5077. What effect would the establishment of further cemeteries have upon the general health of the community ?—At the present time I think the island is practically a graveyard; wherever you walk you find graves.

5078. *Dr. Dodds.*] Has not the constant succession of burials a depressing effect on the patients ?—Yes. Last year the constant tolling of the bell had such a depressing effect that it had to be stopped. The mortality was very great, and every afternoon nearly the bell was tolling.

5079. Has any complaint been made about the desolate and barren state of the graveyard ?—No complaint has been made to me.

5080. Could not something be done say in the way of tree planting in order to improve the appearance of the graveyard ?—I am afraid that the part of the island where the graveyard is is so swept by the wind that trees would not grow there.

5081. *Dr. Herman.*] There appear to be many graves without headstones, has nothing been done in that direction ?—Not to my knowledge.

5082. Do you think it would be possible to bury the dead on the mainland ?—I think it would be certainly possible; of course there are the sentiments of people which must be considered.

5083. *Dr. Dodds.*] Could not a spot for the graveyard be selected on the other side of the island, a little further away ?—Yes; that could be done.

5084. Do you think the wells are at all polluted by the graveyards ?—I think not.

5085. What is the distance of the present graveyard from the nearest well ?—Between half and three-quarters of a mile. There is a well quite near, but the water is not used for drinking purposes to my knowledge.

5086. *Dr. Herman.*] How far is the graveyard from the nearest ward ?—About 500 to 700 yards.

Dr. *P. E. Todd.* — Feb. 23rd, 1894.

5087. Has Dr. Gregory inspected the graveyards on the island?—Not since his appointment; he previously reported I believe.

5088. Is any attempt made to destroy the poultices and old dressings? —I believe they are thrown in the sea.

5089. Do you think there would be any difficulty in planting shrubs in front of the female compound?—No, there is some good soil there. I think shrubs and trees might be planted.

5090. Could not the lepers be made to take an interest in tree planting on the island or in the cultivation of roses and other flowers?—I do not think that roses would grow except in boxes; the wind interferes with the cultivation of flowers.

5091. Can you say why in your opinion leprosy assumes the different forms of tubercular and anæsthetic?—I believe it depends upon the different parts of the system invaded by the disease.

5092. *Chairman.*] Although the form is different do you recognize the disease as one?—Yes.

5093. *Dr. Herman.*] Is there any reason why the tubercular form should be more fatal than the anæsthetic?—I think it depends upon the way the system is affected.

5094. Is there anything which leads you to infer that the internal organs are sometimes affected before the disease shows itself externally?—No.

5095. Do you think that diarrhœa and other symptoms only develope later on?—There may be premonitory symptoms, but most of the cases I have seen have been fairly advanced.

5096. Can you give us some idea as to the frequency with which the internal organs are affected?—Only as the cause of death.

5097. *Dr. Dodds.*] Have we brought out clearly your views as to the contagiousness of the disease?—I think so. I cannot give any decided opinion as to the manner in which the disease is communicated or the degree of communicability.

5098. And yet you segregate these people and take away their liberty? — I repeat what I have before said upon this point, that I am in favour of segregating only those who are paupers and unable to care for themselves.

5099. Could you give us the reports on the two post mortem examinations you have made?—Yes; they are as follows:—

Notes made at post mortem examinations upon two lepers (males), both coloured.

M'dala, aged 51 years, tubercular leprosy, died 5th October, 1893. P.M. held 24 hours after death. Abdomen contained quite four quarts of blood-stained fluid. Intestines matted together, liver adherent to diaphragm. Peritoneum dark claret colour and studded with numerous greyish coloured tubercles, size of millet seed. Thorax contained about one quart of blood-stained fluid. Pleural surfaces dark claret colour and studded with tubercles. Other organs healthy.

Petac, aged 13 years, tubercular leprosy, died 28th April, 1893. P.M. held 24 hours after death. Thorax contained about two pints of fluid mixed with flakes of purulent matter. Both lungs contained at their apices tubercular cheesy deposits. Other organs healthy.

Cape Town, Monday, February 26th, 1894.

PRESENT:

DR. MURRAY *(Chairman)*.

Dr. Fismer,	Dr. Edington,
,, Herman,	,, Hoffman.
,, Dodds,	

Mrs. St. Leger examined.

Mrs. St. Leger. Feb. 26th, 1894.

5100. *Chairman.*] Are you one of the official visitors to Robben Island?—I am not officially appointed by the Government. I have visited the island as a member of the Sufferers' Aid Society.

5101. Have you visited the male and female leper wards?—Yes, both.

5102. Have you heard any complaints from the patients generally?—Their great complaint is that they are separated from their families and friends.

5103. Have they complained to you about their food or other things?—No.

5104. Only about their isolation.—Yes. I remember that some of the Free State lepers complained that when they were sent to the island they had been told that the doctors would make them well, but this had not been the case.

5105. You think on the whole the leper patients are well off?—Yes; I am sure there is nothing to grumble about.

5106. Have you been to the island on visiting days when the public were allowed to go over?—Yes.

5107. Did any of the lepers come down to the boat to meet their friends?—They used to do so, I think.

5108. Are any of the friends allowed to remain on the island for a day or two?—Not to my knowledge. I do not think so; they only visited the patients in the wards.

5109. Do you know whether the lepers ever gave little presents of fruit and so on to their friends to take away?—Yes.

5110. Did the friends kiss the patients?—Yes; they mixed up together on very intimate terms apparently.

5111. Have the women made complaints about the washing?—No.

5112. Do you think there are enough ward attendants?—The last time I was there I thought the wards were not quite so sweet as usual.

5113. Did the wards appear to be overcrowded?—They were not so pleasant as they were previously; when I was there about three weeks ago they seemed rather close. It struck me that perhaps there were not enough attendants.

5114. *Dr. Hoffman.*] Do you make a point of asking the patients whether they have any complaints?—No; I do not invite complaints. I always check anything of the kind. I sympathize with them and tell them that they are better off than they would be anywhere else.

5115. You do not go into the subject of their complaints?—No, I never do.

5116. *Dr. Dodds.*] I suppose if they really had anything to complain of they would have confidence in mentioning it to you?—Yes.

5117. *Chairman.*] If you solicited complaints would they give you plenty?—Yes. I remember that one man grumbled about being on the island, and I told him that he was better off than he would be anywhere else, and was well taken care of.

Mrs. St. Leger. — Feb. 26th, 1894.

5118. Have you visited the island for some years?—Yes, from as far back as 1882 or 1883 I have been in the habit of going over.

5119. Do you think there has been a marked improvement of late?—Yes; they have nothing to grumble at; I am quite sure of that.

5120. *Dr. Hoffman.*]. Since when has there been a marked improvement?—Since the places have been re-built.

5121. How long would that be?—Five or six years.

5122. Do you consider that the women have enough freedom?—I think they want more freedom. I made that remark the last time I was there. They have a very small space, and the place has not a cheerful aspect. I thought that some trees or shrubs might be grown so as to make it look a little brighter.

5123. Are the women exercised daily?—Yes; they go for a walk with the nurse. The men have their freedom, but the women are confined to a small space. I have not heard them grumble, but it struck me very much.

5124. Do you think in the majority of cases these people are better off than they would be in their own homes?—Certainly; they are kept clean and have good food and everything they want. Dr. Beck said that in their own country they would be cut off altogether, and nothing would be done for them.

5125. Do you think they are all better off on the island than they would be in their own homes?—Yes.

5126. Do you think that more might be done in the way of tree planting to make the island more pleasant?—Yes; that would be a great improvement; the place looks rather desolate.

5127. Do you think there should be more attendants?—I think so. I don't think there are enough for the number of patients; the matron requires more help.

5128. Do you inspect the kitchens?—Yes, everything. I did not go into the kitchens the last time I was on the island, but I have seen that they have very good food.

5129. Are all the arrangements as they should be?—I think so from all I have seen.

5130. *Chairman*—Do you furnish any written reports to the Government?—No. I have written to the newspapers sometimes, and Mr. Rutherfoord went over to the island on one occasion after I had done so, and he found that all I had said was correct.

5131. *Dr. Hoffman.*] What is your impression about the climate of the island?—I think it is very healthy; when I go there I always feel very well indeed.

5132. *Dr. Dodds.*] Do the patients ever complain of the glare?—No. I have never heard them complain of that. I hear very few complaints at all. There is one Malay woman and some of the lepers from the Free State who occasionally grumble, but I think they have no cause for it.

5133. *Chairman.*] Have the lepers any amusements?—Yes; they have games such as croquet, but I have not seen them play that lately. I have sent over croquet sets for them.

5134. Have they got cards, draughts and so on?—Yes; and I think some of them play cricket.

5135. Could you suggest any other improvement with a view to ameliorate the condition of the patients?—Some time ago, before I went to England, some of the men thought the nurses were rather severe on them because they would not allow them to lie on their beds in the day time. The nurses it seems, looked upon the institution more in the light of a hospital, whereas it is the home of these people, and it did seem rather hard. It may have been altered since.

5136. You say they have games to play at if they so desire?—Yes. I have seen them playing, but not lately.

5137. *Dr. Fismer.*] Do you think the wards are overcrowded?—No, they seem to have space enough, but the female wards smelt rather close the last time I was there; they did not seem as sweet as usual. I thought that perhaps it was owing to there not being enough attendants. Mrs. St. Leger. — Feb. 26th, 1894.

5138. Are the surroundings of the wards kept clean and in order?—Yes; everything seemed to be kept clean. I have been into the wards sometimes and you would hardly think there were any patients there.

5139. *Dr. Dodds.*] Is the bathing accommodation sufficient do you think?—That I do not know.

5140. *Dr. Herman.*] How do you account for the absence of homeliness and comfort in the leper wards as compared with the lunatic wards?—I cannot give any opinion about that. I think the patients are very happy.

5141. But in the leper wards you fail to notice the same air of comfort do you not?—It may be so to a certain extent. I do not know that I have noticed anything of the kind. I certainly think that so far as the lunatics are concerned, Miss Robinson is a most excellent person and the patients are all fond of her.

5142. Are the female leper wards as comfortable as the lunatic wards?—They are not so private. The lunatics have a bedroom to themselves for instance; but I think the leper patients are quite as comfortable.

5143. Are there any lockers or cupboards set apart for the female lepers?—I have not noticed any.

5144. Do you know where they keep their clothes and small articles?—I think they keep them under their beds. I think some of the white female patients might be allowed a little more indulgence in the matter of food, as their appetites are more delicate, and these women are of a better class than the general run of leper patients, and many of them are entirely confined to their beds. I think also a few invalid chairs would be a great boon to them, as they could then enjoy a little fresh air. The following are some of the notes I made on the occasion of my last visit:—

"No. 7 Ward.—The patients find it very hard to pay for their washing, as they cannot send all their clothes to the laundry, and that their clothes are returned more dirty than when they are sent, so that they have to give their washing to the patients, and have to pay for it. No. 7 ward wants a cook, as the woman who cooks is a patient; she has lost her fingers, so that she wants help, and this is the only ward that they have to cook for themselves. They would like to have a piece of cheese sometimes, because the butter is only sufficient for one piece of bread; they get a little on a knife point, and every twenty-four hours they get a small piece of meat. Mrs. Lotter wants a dress, only two in eighteen months, and she can't come out with it. Eggs and butter sometimes so bad that they cannot eat it. Food without salt.

"No. 6. Ward.—Dry bread, very poor coffee. Sarah Isaacs has to pay for her washing, does not like to send all her things to be washed by men.

"A good many complained *of the weakness of the coffee.* Mrs. Dill says those who like can have curry. She thinks that many complain without cause. I think so too."

Dr. C. Kohler examined.

5145. *Chairman.*] Do you hold any official appointment in connection with leprosy?—I have been appointed by the Free State Government as commissioner for inspecting the Free State lepers on Robben Island. Dr. C. Kohler

5146. Do you take an interest in the disease generally?—Yes.

5147. From what aspects have you approached the study of the disease, from a clinical, pathological, or bacteriological aspect?—I have not studied the disease in any special way. I have read about it.

5148. Have you any practical knowledge of the disease itself among your own patients; have you many patients who are lepers?—No.

Dr. C. Kohler. — Feb. 26th, 1894.

5149. In what way have you come in contact with leprosy; have you been medical adviser?—No; the first case that I saw was on Robben Island.

5150. Did the Free State Government give you any commission to enquire into certain things on the island?—They always instruct me when I have to go.

5151. They have given you certain powers to investigate the condition of the Free State lepers?—Yes.

5152. As regards your own personal acquaintance with the disease, have you formed any conclusions as to how it is spread?—No.

5153. Do you think that leprosy is contagious?—No, you cannot explain how it is spread; that is the conclusion I have come to; it is quite a secret.

5154. Do you think the disease might be spread by absolute contact with a diseased surface, or sleeping in the same bed with a leper, or anything of that sort; do you hold any views on that subject at all?—I have decided views so far that I believe the disease is not spread in such a way.

5155. How is it likely to spread in your opinion; do you consider it a source of public danger?—No.

5156. Why do you think that?—Because there is no proof that the disease is transferred from one person to another.

5157. Do you know what the death rate is in leprosy?—No; I have no general statistics at hand.

5158. Do you admit that the disease ever spreads?—It has been spreading in different countries at certain times, and then it diminishes again later on.

5159. You say that from what you have read on the subject, do you not?—Yes.

5160. Will you give us your views as to the method in which the disease spreads?—We do not know.

5161. Do you recognise that it can be communicated from one individual to another?—In ordinary life it is not communicable; there is no proof that it is. Ordinarily speaking, lepers do not communicate the disease to healthy people. Even vaccination experiments have failed.

5162. How do you think the disease is spread if it is not communicated from one individual to another?—It may be generated in the soil and infect certain persons who are predisposed to get it, but in what way it is generated we do not know; it may be something like malaria.

5163. Do you think the disease is generated spontaneously or de novo?—I do not believe it is.

5164. You think the disease does not arise spontaneously nor from contagion?—No.

5165. Do you think the disease is spread by heredity?—It would seem that heredity has something to do with it. Some families are more affected than others.

5166. How do you use the term "heredity"; do you mean that children are begotten who are predisposed to the disease, or that actually leper children are begotten?—I think the former. It is not the same as syphilis; I would say there is a predisposition.

5167. Why do you think there is a predisposition?—Because the disease seems to stick to certain families.

5168. Might not that be explained on the ground of leper families living together under certain conditions, or infecting each other by means of food or through broken surfaces; would you exclude such circumstances altogether as sources of risk, or would you take them into consideration when you say that heredity is a predisposing influence?—I take it that members of a family become infected, not one from another, but from a common outward source; and that members of one family are more liable to contract the disease than those of another equally exposed.

5169. Do you think that healthy people might live with lepers without risk?—Yes.

5170. Why do you think that; have you any proof?—There are a lot of facts. For instance, wives have lived with leper husbands, and vice versa, and not taken the disease. In one district in Norway you find in one year there were 148 leper families; in 132 families only one spouse was affected, and in the remaining 16 cases both husband and wife were affected. (Biden's Rep., Vorsk Mag., 1858, XII). Women have cohabited for years with their husbands while labouring under confirmed and ulcerative leprosy, and had children by them without manifesting the slightest trace of the disease. (Manget, Report on Leprosy, 45). According to Planck's report on Leprosy in the north-west Provinces of Hindostan, 1876, there were lepers in 855 marriages; from these, in 831, only one spouse was leprous; from the remaining 24, in which both were affected, there was a possibility of contagion only in eleven cases. How small the possibility of contagion was even in these appears from the fact that lepers who had married two or three wives had not infected even one of them. There are many more reports of the same nature.

5171. Were those marriages between healthy men and leper women, or vice versa?—Yes, only two contracted the disease. Say the husband was healthy and got it afterwards, it is not proved that he got the disease from his wife or from an outward source.

5172. In taking such cases for the purpose of evidence we would require to have the authority, so that the tables might be inspected for sources of error. I gather however from what you have said that you think there is no risk of contagion?—No.

5173. *Dr Herman.*] Have you any practical experience yourself of leprosy, or have you only brought these figures forward as the result of your reading?—Only as the result of reading.

5174. What has been your object in bringing these figures forward; what view do you wish to impress upon the Commission?—That leprosy is not communicated from one person to another.

5175. You say that out of 148 families, there were 132 cases in which the husband was affected and 16 in which both husband and wife were affected; how do you explain the fact that 16 of the wives were affected at the same time as the husbands?—They got the disease from the same source as the husbands.

5176. What was the source?—That we do not know.

5177. You admit that leprosy is a disease due to a specific cause, probably a germ?—Yes.

5178. And in that respect it is somethat analagous to tuberculosis, is it not?—Yes.

5179. You are aware I suppose, that a person suffering from tuberculosis may infect some one who has been brought into close contact with him?—I do not think so.

5180. Are you not aware that experiments have been made upon guinea pigs for example, and they have become infected by inhaling from tuberculous matter?—Yes.

5181. Does not that prove that tuberculosis is infectious?—No. By experiment it may be but not in common life, which is a very different thing.

5182. In your experience have you never met with cases where the husband has contracted tuberculosis if his wife was affected, or vice versa?—Yes. There are such cases, but they do not prove contagion.

5183. Do you admit that tuberculosis is contagious?—No. In spite of all those cases I say it is not contagious because there are many more cases which prove the contrary. Thompson states that out of 15,000 cases he only found 15 in which a transmission between married couples might have taken place. (*Lancet*, 1880).

Dr. C. Kohler. — Feb. 26th, 1894.

5184. Even if only one healthy person contracted a disease, is not that sufficient from which to draw the deduction that the disease can be contagious?—No, certainly not; if out of 15,000 persons only 15 get the disease when they all live in close connection with those who are affected, it cannot be averred that these few got it through contagion.

5185. At all events there is a small percentage of risk, is there not?—One in a thousand, but even then contagion is not proved because the disease might have arisen from some other cause than merely living in contact with a diseased person.

5186. I take it that the figures you have given can be verified?—Yes.

5187. You admit at all events that there is a possibility of so small a proportion as even one in a thousand being infected?—Yes, a possibility.

5188. If the possibility is so small as that with a disease of such a marked nature as tuberculosis, do not you think you have mentioned a series of figures with regard to leprosy which are very much more marked, for you say that out of 148 families there were 16 cases in which both the husband and wife suffered at the same time from the disease; that is 9 per cent. Is there not a possibility that the one conveyed the disease to the other?—There is such a possibility certainly. No one can deny that.

5189. And yet you say that the disease cannot be communicated because so few cases exist. Suppose you had a case of typhoid fever or diphtheria in a house, it is quite possible that only one of the inmates may get it, is it not?—Certainly, perhaps none will get it.

5190. And may not it be the same with regard to leprosy?—Contagious diseases spread as a rule, whereas leprosy as a rule does not spread. In innumerable cases only one member of a family has it. Negative cases establish more than positive cases in my opinion.

5191. *Dr. Hoffman.*] I understand you to say that leprosy may generate in the soil like malaria?—Yes.

5192. Have you any proof of that?—No I have no proof, it is merely a supposition in answer to the chairman's question.

5193. How would you account for the fact that a large number of people are not at the same time affected by leprosy as in the case of malaria; you find leprosy spread very generally but you do not find the number of people affected at one and the same time as you do in the case of malaria?—I did not say that leprosy was identical with malaria. There must be a microbe of malaria somewhere abroad, but it has only been found in the blood, never yet beyond the body, and it is the same with leprosy.

5194. Are you aware of the fact that the Indian Leprosy Commission have stated that the bacillus was found outside in a certain number of slides when the soil had been examined on which lepers were accustomed to walk about?—No, that is not the case. The Indian Commission state that bacilli were never found in the dust removed from leper huts, though "doubtful bacilli" were obtained on examining earth from the footwalks of the Almora Asylum. Cultivation experiments with the bacillus lepræ have also failed. We do not know how and where the microbes of leprosy and malaria exist beyond the body.

5195. *Dr. Herman.*] What makes you accept the theory that leprosy may originate in the soil when we know as a matter of history that the disease has only comparatively recently occurred and spread in certain countries, as for instance the Sandwich Islands, where we know that the soil and circumstances of the people have remained the same?—You cannot explain it; it is the same with other non-contagious diseases also.

5196. *Dr. Dodds.*] What other diseases have spread in a similar manner to leprosy in the Sandwich Islands?—There are many reports that malaria has shown itself in different regions, where it never was before, and that it even became endemic; whereas it diminished or disappeared in other regions, where it had been endemic; and this happened without any

alterations in the soil having taken place. Still malaria is generally recognised as decidedly not contagious. The same is the case with endemic goitre and cretinism. Even leprosy itself is an example of it. In former times it showed itself in certain parts of the world and later on it disappeared again: nobody can say what was the reason.

5197. The explanation offered is the very great fear of leprosy, and the universal segregation throughout Europe; do not you recognise that as one of the most powerful means for abolishing leprosy in Europe?—The nearly complete disappearance of leprosy in Europe cannot be accounted for by general segregation, because the lepers were not isolated, they could move about amongst the public. Up to now no sufficient explanation could be given of the extinction of the disease nor of its origin in Europe.

5198. *Dr. Herman.*] What period do you refer to?—The middle ages.

5199. We have it on historical evidence that the segregation was very complete; that lepers were under a ban and that every one fled from them; and a leper could not show himself anywhere. Is that so?—The lepers were certainly shunned, but by no means isolated. They lived in asylums, but mixed freely with the public, walked about in the streets, visited the markets, &c. Numerous reasons have been given to explain the endemic prevalence of the disease and its later disappearance in Europe, but they are assertions without proofs founded on facts (Simpson, Edinb. Med. and Surg. Journ., 1842).

5200. *Dr. Hoffman.*] Are you aware that in the middle ages there was a large number of hospitals for segregating lepers?—Yes.

5201. Do you think that segregation has exercised a very great influence on the decrease of the disease?—No.

5202. *Chairman.*] Then you do not think that leprosy is contagious under any circumstances?—I think it is not contagious, as really contagious diseases spread in quite a different manner.

5203. Can you bring forward any proof beyond what you have read?—No.

5204. Assuming that the disease is not contagious, do you think it can be spread?—I do not think it can be spread by intercourse with people. In different parts of Southern Russia, for instance, there are places where the disease exists in small areas, but it never spreads beyond in spite of free intercourse. If it were a really contagious disease that would not be the case.

5205. *Dr. Herman.*] As a matter of fact we know that leprosy exists to a considerable extent in Russia throughout the length and breadth of the land, upon what evidence can it be asserted that the cases are only confined to small areas?—Russia is fairly free from leprosy, excepting several parts of the Baltic provinces, the lower Volga regions and the Caucasus (*Berliner Klinische Wochenschrift*, February, 1894), (Hirsch, historch geograph, Pathology, 1883), (Thin, London, 1891). It does not spread beyond these small areas in Southern Russia, in the Caucasus, in the northern districts of Persia, and in New Brunswick.

5206. You say that leprosy does not spread from a particular centre, what does that prove?—It proves that it is not a contagious disease.

5207. If there was only one case of leprosy in a certain village, and the disease did not spread to any other people in that village, that would be evidence that the disease was not contagious, but it is no evidence to say there were fifty cases in that village and none in the next village?—I have plenty of evidence to show that only one case of leprosy existed in a certain village and the disease did not spread to any other people in that village.

5208. Can you lay them before the Commission?—Yes. Numerous cases are known in which Europeans have contracted the disease in leprous countries, and then returned to their homes, where they moved about freely without causing any further spread (Hirsch, Vol. II).

5209. Do you know the history of the Dublin case brought forward by Dr. H. Benson; was not that regarded as satisfactorily proving contagion?—

Dr. C. Kohler. — Feb. 20th 1894.

I remember that case. But, on the other hand, how must we account for those cases which occur in countries where leprosy has been extinct some centuries among people who have never been in leprous countries, neither came in contact with lepers?

5210. *Dr. Hoffman.*] Do cases happen where there has never been any contact with lepers?—Yes. (Berndt, *Memorabilia*, III; Wilson, *Lancet*, 1856; Busch, *Charité-Annalen*, 1858; Nourse, *Med. Times and Gar.*, 1865; Stendener, *Erlangen*, 1867; Gaskoin, *Brit. Med. Journal*, 1873; *Med. Times and Gar.*, 1878; *Virchou's Archiv*, 1875; Donor, *New York Med. Record*, 1875; Vidal, *Gar. des Hôpil.*, 1875; Kohler, *Berl. Klin.*, 1877; Breuer, 1880).

5211. Then I understand you to say that the very fact that leprosy does not die out proves that it is not contagious?—This proves nothing for nor against the contagiousness of the disease.

5212. Would you call measles or small-pox contagious diseases?—Yes.

5213. How is it that they do not die out; does it prove that they are not contagious?—Small-pox and measles do not die out, because they are contagious, and continually find new victims all over the earth. Leprosy, on the other hand, spreads so little that if all doubtful cases of contagion were to be recognised as certain the incidence of contagion would only be 5 per cent., and if contagion was the only cause of diffusion, the disease would die out after a few generations. (*Ind. Lepr. Commis.*, 1893).

5214. *Chairman.*] Can you point out where the disease is generating?—I don't know; it must be somewhere abroad.

5215. *Dr. Dodds.*] Are you certain that the poison is not generating in the leper and then scattered through space very much diluted?—Experience is against it.

5216. I understand you to say that you agree that leprosy is not very contagious?—I say that it is not contagious at all. I say it is possible, but there is no proof.

4217. You have no proof of anything whatever either one way or the other?—No; we have no proof how the disease originates, just as we do not know anything about malaria and where the poison is generated.

5218. Do not you go further than the Indian Leprosy Commission; we find according to their report a clear history of contagion in about five or six per cent. of the cases; can you go that length?—As far as I remember the Indian Leprosy Commission does not recognise in a single case a clear history of contagion.

5219. Owing to the frequent concealment of cases might there not be very much more than five or six per cent.?—I have not the statistics at hand.

5220. Do you deny the possibility of such a thing?—No, I do not deny the possibility.

5221. We have it in evidence that in the case of 634 lepers on Robben Island there was history of 184 leper relatives, does that not show very clearly the possibility of these cases having been derived from contact?—There are many other cases to prove the contrary.

5222. Do you think that contagion had anything to do with their becoming lepers?—If you find several lepers in one family, you might think that one got the disease from the other. But if you investigate deeper and find that in innumerable cases only one member of a family is affected, you are forced to the conclusion that the former are not due to contagion, but to infection from a common source.

5223. How do you explain the rapid spread of the disease in the Sandwich Islands?—You cannot explain it, other non-contagious diseases often spread in the same way.

5224. Do not you admit the possibility of contagion?—There is no proof.

5225. *Dr. Hoffman.*] You admitted that you thought leprosy might be

transmitted by experiments upon a person?—Yes, although up to now the experiments have failed.

Dr. C. Köhler. — Feb. 26th, 1894

5226. Do you think it could be transmitted by vaccination?—It might be. It has not been proved as far as I know, and even if it could be inoculated, it would not prove the contagiousness of the disease in practical life. For instance, malaria can also be inoculated, and yet no one would dream of saying that one person can catch it from another.

5227. If the bacillus lepræ came in contact with a broken surface, do you think it would communicate the disease from one person to another?—No.

5228. Do you think if a farm labourer, for example, who was leprous and had sores handled a spade and another healthy man took it afterwards, he would contract the disease?—No. There are no cases recorded that I know of; on the contrary, there are a lot of cases proving that it does not happen.

5229. *Dr. Dodds.*] If you were working with lepers on Robben Island, would you take any precautions against infection by using disinfectants and taking care that you had no broken surface?—No. I would take no other precautions than with any other disease.

5230. *Dr. Hoffman.*] You say you would take no precautions?—If I were attending a patient who had catarrh of the stomach and I examined him, I would wash my hands, but I would take no other precaution.

5231. *Dr Dodds.*] You would not have any fear of getting leprosy, would you?—No.

5232. *Dr Hoffman.*] For what reason would you take precautions?—For the sake of cleanliness.

Robben Island, Wednesday, February 28th, 1894.

[Meeting of Sub-Committee.]

PRESENT:

DR. EDINGTON *(Chairman).*

Dr. Fismer. | Dr. Hoffman.

Mr. William A. Fitch examined.

Mr. W. A. Fitch. — Feb. 28th, 1894.

5233. *Chairman.*] How long have you been on Robben Island?—A little over four years.

5234. What were you brought here for originally?—To look after the lepers.

5235. Have you acted in that capacity ever since you came?—Yes.

5236. Will you give some detailed information as to the nature of your duties?—I have to look after the clothing and food, and dress wounds if required.

5237. Is the clothing supplied by the Government?—Yes.

5238. What clothing do the patients get in the course of a year?—Just what they require. I issue every Thursday, and if there is any clothing too torn or too bad to be worn, I give out fresh if I have it.

5239. That is for the male lepers?—Only for the male lepers

5240. Where do the patients keep their clothes in the wards?—They generally have two suits, one in use and one in the wash. They keep their clothes under their pillows, as there are no boxes or anything of the kind.

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5241. Is not that unsatisfactory?—Yes; very unsatisfactory.

5242. How often is the clothing washed?—Every week.

5243. Where is it done?—In the steam laundry.

5244. Is there any of the lunatics' clothing brought into contact with it there?—No.

5245. Are you responsible for the lepers keeping themselves clean, bathing and so on?—They have baths.

5246. How often?—It is a very difficult matter to get them to take a bath.

5247. Are there no regulations by which you can enforce it?—You cannot force them to take a bath. There are six baths fitted up.

5248. Why do you say you cannot force them?—They will say they are clean enough, and there are no regulations on the point.

5249. When do the patients have their meals?—They have their breakfast at eight o'clock in the morning, dinner about half-past twelve and tea about half-past four.

5250. Anything more after that?—No.

5251. What sort of food do they get?—Bread and coffee in the morning, soup, meat, vegetables and rice, or whatever there is, for dinner, and in the evening bread and tea. Those who are working get butter spread on their bread; those who do not work do not get butter, only dry bread.

5252. Is it not an advantage, owing to the nature of the disease that they should get a certain amount of fat?—Yes, I think perhaps it might be an advantage.

5253. Is not the meat rather lean as a rule?—Yes.

5254. Then practically some of the patients get no fat at all of any kind do they?—That is so. Formerly they were allowed some sheeptail fat, but that has been done away with.

5255. *Dr. Fismer.*] I understand that those patients who were unable to work do not get any fat or butter?—One or two perhaps may have it if they ask the docter; it is put down as a medical extra.

5256. *Chairman.*] Where is the food cooked?—In the leper kitchen.

5257. Are there special cooks told off for that work?—There are two cooks.

5258. How are the paying patients fed?—There are only two paying patients, Mr. K**** and Mr. L***, and they draw their own rations, exactly what they like.

5259. Is there any inspection of the food held?—I do not see it every day. I am not always there: I have to be at the boat three times a week.

5260. Was there not some disturbance lately in connection with the meat?—Yes.

5261. Did you inspect that meat?—Yes.

5262. What was the character of it?—It was bad decidedly.

5263. What was done with it?—I sent it back at once.

5264. To whom was it submitted?—It was sent back to Mr. Gower at the store, and he was asked to substitute mutton for it, as the beef was not good.

5265. What was done then?—I was told that the butcher took out 112 lbs. of the meat and I sent back and substituted another 112 lbs. for it.

5266. Was any representation made to Dr. Impey at the time?—No; they were satisfied when the other meat was sent down.

5267. So far as you are aware, Dr. Impey was not made aware that there was anything wrong with the meat?—I was going round with Dr. Impey when a note came from Mr. Gower that the meat had come back a second time.

5268. What was done then?—I saw that some of the meat was still in the same condition, green and smelling; I recommended that some of the best of it should be curried.

5269. As a matter of fact, on that particular day, the meat supplied to the lepers was not really in a fit condition for food?—No. The substitution of 112 lbs. showed that there was really some ground for complaint.

5270. *Dr. Hoffman.*] Is the meat generally good?—The beef is not good, but the mutton is fairly good.

5271. *Dr. Fismer.*] How long do you keep it before it is used?—The beef that came to-day will be used to-morrow.

5272. Does it happen that very often the meat turns bad during the hot weather?—No. On this occasion it was an exceptionally hot day. The beef is very poor generally, and it wants a great deal of cooking.

5273 *Chairman.*] Are there any complaints as to the tea and coffee?—Occasionally they say it is not quite so strong as it ought to be.

5274. Will you supply the Commission with a diet scale both for the paying and non-paying patients?—Yes. The paying patients order their own food.

5275. Are there any arrangements for keeping the patients with wounds separate from the rest?—Those who are very bad go into the hospital at No. 1 pavilion.

5276. Who looks after them in the hospital?—There are two nurses, and the doctor visits them.

5277. Do you dress those patients who are not in the hospital?—One or two. I do not dress very many cases. They dress themselves very often. I look at them occasionally.

5278. Are the lepers in the habit of receiving any medical treatment for the disease?—Dr. Koch's lymph has been tried and also tuberculine; that was in Dr. Dixon's time. We also tried gurjun oil and chaulmoogra oil, but this treatment seems to irritate the patients very much, and they break out into a rash.

5279. Have you tried any other treatment?—Some roots were sent down from Basutoland a little time ago to Dr. Impey, and they were tried by Mr. K**** and Mr. L***. I do not know whether it did them any good.

5280. Who does the cleaning of the wards?—The white attendants. There is an attendant for each pavilion.

5281. Not a patient?—No.

5282. What do they get?—3s. 4d. a day. Formerly it was 2s. 9d. a day.

5283. How often are the wards cleaned?—Each ward is scrubbed out once a week and the day rooms every other day.

5284. Does that apply to the tables and chairs or only the floors?—The tables, chairs and everything.

5285. Who looks after the closets in connection with the different wards?—The convict department.

5286. How often are they cleaned out?—Every morning they are scrubbed out. A convict party comes, and fresh buckets are put in.

5287. What disinfectant is used?—We have been using chloride of lime.

5288. Is this done every day?—Yes, except Sunday.

5289. Are the lepers themselves careful?—Yes, I think they are fairly careful. We had a little trouble some time ago, because the seat was a little too high, but that has been attended to.

5290. Who is responsible for the removal of the night-soil?—The convict department.

5291. Where do they take it to?—That does not come under my supervision.

5292. Are the lepers allowed to roam about the island in the day time?—There is a boundary extending from the back of Dr. Impey's house down to a place called Lady's Rock; they must not go beyond that.

5293. Are the male patients allowed to mix with the females?—They have visiting days. On other days they cannot go inside the female compound without a special pass.

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5294. What precautions are taken at night?—The patients are supposed to be in their wards by nine o'clock.

5295. And after that time?—At ten o'clock the lamps are put out, and the patients are supposed to be in bed.

5296. Is there anybody to keep a watch?—There is a night attendant.

5297. *Dr. Hoffman.*] Have the women as much freedom as the men?—No.

5298. *Chairman.*] Are the males kept perfectly separate from the females?—As far as I know, except on visiting days.

5299. What precautions are taken at night?—There is a fence round the female quarters, and there are three constables outside.

5300. Do you consider the fence satisfactory?—No, not at all.

5301. How many sides are there to the fence?—Four.

5302. And there are three constables?—Yes.

5303. Would it be impossible for any of the male lepers to get inside the female compound at night?—Not at all impossible. Mr. Jones, the magistrate, tried a case where three men got into the enclosure at night.

5304. How long ago was that?—About nine months ago.

5305. Is that the only case you know of where the segregation has been interfered with?—Yes; that is the only case I know of for certain. These men admitted their guilt.

5306. Have you any suspicion of other cases?—Yes, undoubted suspicion. There is no doubt that the men do visit there at night, although I cannot prove anything.

5307. From your position are you better able to form an opinion of this than anyone else?—I hear their conversation; I can understand Dutch.

5308. Do you suspect what goes on from the conversation you hear?—Yes, I have no other proof.

5309. You heard the conversation and that led you to suspect?—Yes; and I have heard the men make appointments too.

5310. *Dr. Hoffman.*] Are the constables there the whole night?—I believe so. I have nothing to do with them. They go there about five or six o'clock and are supposed to remain till the next morning.

5311. Are they all there at the same time, or do they take turns?—They are all there at the same time. No constables are there in the day time.

5312. *Chairman.*] Does any one inspect the constables on duty at night?—I cannot say. I have nothing to do with the constables.

5313. *Dr. Fismer.*] Could the male lepers get into the female quarters without the night watchmen knowing it?—Yes.

5314. You think the night watch is not sufficient then?—I do not think it is.

5315. *Chairman.*] Have any children been born on the island since you went there?—That I cannot say. I believe one or two have been born.

5316. Were they born on the island or brought there?—They were born on the island. One of the women had intercourse with a convict and a child was born as the result.

5317. Is that the only case of the kind you know of?—Yes, that was since I was on the island.

5318. *Dr. Hoffman.*] Was the woman badly affected with leprosy?—No; only her hands were affected. I believe the convict got into the closet, they were working somewhere about there.

5319. *Chairman.*] Have any complaints been made by the lepers to you?—Yes.

5320. What is the nature of the complaints?—Generally about clothing, it is nothing very serious, they say they do not get enough.

5321. Do they seem satisfied with their lot?—No; they want to go home; that is the chief thing they talk about. I think they are pretty well

satisfied with what I do for them. I always tell them if there is anything they want to let me know. There are some 300 patients and one cannot remember every little thing. They can always come to my office.

5322. To whom are you directly responsible?—To Dr. Impey now. When Dr. Todd was in charge I was responsible to him.

5323. *Dr. Hoffman.*] Has any systematic treatment been adopted for any length of time?—Attempts have been made with gurjun oil.

5324. *Dr. Fismer.*] Have any regular experiments been made in the way of treating the lepers?—No.

5325. How many visiting days are there?—Cape Town people visit the patients on Monday, people living beyond Wynberg and as far as Durban road, can come on Wednesdays or Fridays.

5326. Is Monday the day when they visit most frequently?—Yes.

5327. Have you any idea what the average number of visitors is on Monday?—We can only issue 18 passes. Formerly when passes were issued ad libitum, 50 or 60 persons came.

5328. Are the lepers allowed to come beyond the boundary?- Not without a special pass.

5329. Can they get a special pass?—Yes.

5330. Do they come to the landing place sometimes?—Yes.

5331. Does that happen now?—Yes; they get a pass from Dr. Impey, and come down accompanied by a constable.

5332. *Dr. Hoffman.*] And do they mix freely with the visitors?—No. I am always very particular. I make them stay on the other side of the boathouse.

5333. Do the visitors kiss and embrace the lepers sometimes?—Yes; they kiss each other.

5334. Are there no more than 18 visitors allowed each time?—For the males I am allowed to give only 18 passes, and Mrs Dill, the female matron, gives 12. We are only allowed to issue 50 passes in all.

5335. Are those passes always taken up?—No, not always. I make a list out every Monday.

5336. *Dr. Fismer.*] Do the visitors ever have their meals on the island?—They generally bring their food over with them. They are allowed to go into the wards.

5337. Do the lepers take food from the visitors?—I dare say they give them some

5338. Are they under supervision?—There is only one attendant to each pavilion.

5339. *Chairman.*] When visitors come over, do they get anything from the lepers in the way of food?—Sometimes they make them coffee.

5340. Are the visitors allowed to get that?—Yes.

5341. So far as you have seen, is segregation satisfactorily carried out on the island?—No, certainly not. It is not segregation when people are allowed to come and visit their friends as they like every week, mix with them, greet each other, and so on. I do not think that is the meaning of the Act, and I do not call it complete segregation certainly. If a man comes over to the island you cannot say he has not had connection during the day.

5342. *Dr. Fismer.*] Do the visitors ever stay over night?—Yes, they are allowed to stay over night.

5343. *Dr. Hoffman.*] Then a man and his wife might just wander over the island?—Within the boundary only, not beyond. A man could walk out with his wife without any inspection whatever.

5344. *Dr. Fismer.*] There would be nothing to prevent their having connection?—No. As far as I know, it is impossible for one attendant with 75 or 80 patients under his charge to keep watch. Visitors come over and they are scattered about.

5345. *Chairman.*] Do you consider the number of attendants is sufficient?—I do not.

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5346. How many attendants are there for the male lepers?—Ten.

5347. For how many wards?—For twelve wards.

5348. *Dr. Fismer.*] Do you include those in the kitchen?—No; those are separate.

5349. *Chairman.*] Is there a night attendant?—There is only one attendant at night. A book is kept.

5350. Can you be certain that the attendant has been at his post at certain times?—I cannot be certain. I occasionally look in myself during the night.

5351. Would it not be an advantage to have a tell-tale system?—Yes; we ought to have something of the kind; they have clocks at the male asylum, but not in the female asylum.

5352. Do you know why that is?—No, it would be a great advantage, because you could then be sure that the attendant had paid his visits; now you cannot be sure. We had an attendant who put down that he had visited so many times. On one occasion I went there at half-past eleven and found he had entered his name as having visited at four o'clock the next morning. He did not know that I was coming round.

5353. Is any spirituous liquor supplied to the lepers?—Yes; by special order.

5354. Do the visitors bring over any with them?—I do not know for certain, but there is no doubt they do; some of the patients are the worse for liquor afterwards. I cannot prove it, but I notice their manner.

5355. Complaints have been made about not having sufficient paper to write on; is that so?—They can get what paper they want, any amount.

5356. Is there no restriction?—No; if they come to me I give them paper and envelopes.

5357. One of the female patients showed us a small piece of foolscap paper and said that was all she was supplied with once a week?—Occasionally I tear a sheet of foolscap in half because they only write on one side; they prefer ruled paper, they do not like it plain. If they want to write a long letter they can get a larger sheet.

5358. *Dr. Hoffman.*] As a rule, do they write much?—No; a good many cannot write at all.

5359. *Dr. Fismer.*] Who writes for them?—Some of the patients. I write for them myself occasionally.

5360. *Dr. Hoffman.*] What are the arrangements for dressing wounds? There is a dressing room, and some of the patients are employed in dressing wounds; there is a nurse, and she tells them what to do.

5361. And for the rest they attend to the wounds themselves?—Yes; it was thought sufficient to dress the wounds every other day.

5362. Do the patients get ointment and disinfectants?—We do not get much in the way of disinfectants. Ointment and lint are supplied very freely.

5363. *Chairman.*] What disinfectant do you use?—Jeyes'. That is rather expensive. Jeyes' disinfectant and carbolic are used for wounds and chloride of lime for other purposes.

5364. What strength is the carbolic?—1 to 40 I think.

5365. *Dr. Hoffman.*] What is done with the old dressings?—They are put into separate receptacles and thrown into the sea.

5366. Are not they burnt?—Not as far as I know.

5367. Would there be any difficulty in burning them?—Not at all. At one time they were buried.

5368. Were you on the island at the time there was typhoid fever?—Yes.

5369. Did any cases come under you?—No. It was among the residents at the other end of the island.

5370. Is there a good deal of erysipelas?—Yes.

5371. Are any steps taken when there is erysipelas to keep the patients separate from the rest?—No, they are kept where they are.

5372. Has it spread at any time?—There have been two or three cases of death from what you might call erysipelas.

5373. Out of how many cases?—The doctor has them down in his book.

5374. Were no steps taken to isolate the patients when they got erysipelas?—No, it spread so quickly.

5375. Is there any observation hospital or ward separate from the rest in which such cases can be treated?—No.

4376. Would it not be a convenience if you had some special place?—Yes, we want it very much. There is one little room, but that is not satisfactory.

5377. *Dr. Fismer.*] Was the mortality among the lepers rather great last year?—Yes.

5378. Is there any provision made for dying patients, are they watched during the night?—Yes, by the night attendant; if it is a very bad case, we get one of the boys to sit up with the patient and pay him something extra.

5379. Does the churchyard lie between the two asylums? —Yes.

5380. Are the patients much distressed by seeing so many funerals?—Not at all. They very seldom go to the funerals, a few may go.

5381. Have they a distressing effect?—No, unless it is the case of some one who is very much liked and respected by the other patients.

5382. Do they get used to the funerals?—Yes.

5382½. *Dr. Hoffman*] Do you put a screen around patients when they are dying?—Yes, there are orders to do so.

5383. *Chairman.*] At what depth are corpses buried?—Five feet.

5384. What soil is it?—All sand.

5385. How far distant from the two asylums is the burial place?—It is about half way between the two, perhaps a little nearer to the male lepers.

5386. *Dr. Hoffman.*] How far is it away from the wells?—I do not think there are any wells close by.

5387. *Dr. Fismer.*] How long has this churchyard been used?—I cannot say.

5388. Is the old churchyard higher up?—Yes. There is one at the back of Dr. Impey's house.

5389. Is the well water ever used for drinking purposes?—We have been told not to drink it.

5390. *Chairman.*] How long is it since the Kimberley nurses were here?—There is one here still.

5391. How many were there originally?—I forget. I had nothing to do with the nurses; they did not come under my observation, they were at the male ward.

5392. You do not know anything about them?—No.

5393. I believe that some of them left rather quickly?—Yes, they had some disputes among themselves I believe.

5394. Was that the principal cause?—Yes. I think so, and the pay was not sufficient.

5395. *Dr. Hoffman.*] As a rule, have the lepers plenty of vegetables and fruit?—Yes. They always get fruit in the summer time. Many people send fruit over.

5396. *Dr. Fismer.*] How many attendants are there in the kitchen?—Only two.

5397. *Dr. Hoffman.*] Generally speaking do you think you are undermanned?—Yes. It is impossible to surpervise everything.

5398. *Dr. Fismer.*] You think for the proper management of the asylum the number of attendants is far too small?—Yes. We ought to have one attendant to each ward. We did have that formerly, and then it was thought that the patients might help if a little money was paid them, and it would give them something to do, so we did away with one attendant, and I think four boys were engaged in his place.

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5399. At present do you have to do work which really does not belong to you?—Yes.

5400. *Dr. Hoffman.*] Are the patients willing to work?—Yes, but they grumble that the pay is not enough; 10s. a month is not much.

5401. *Dr. Fismer.*] How many patients are there at present?—330 in the male wards.

5402. *Chairman.*] What are your hours on the island?—I have no fixed hours at all. I am there at all times, early and late.

5403. Is the administration generally satisfactory?—Yes, as far as I know things work smoothly.

5404. Are you satisfied?—I would rather not answer that.

5405. *Dr. Hoffman.*] Can you point out any direction where improvements can be made?—No.

5406. *Chairman.*] In what way do not things work so smoothly as you would like?—I cannot answer that.

5407. *Dr. Hoffman.*] Does the time hang heavily on the hands of the patients?—Yes, it does decidedly. Many of them will not work; they just sit about all day and will not do anything.

5408. Do you try as far as possible to afford them amusement?—Yes; they have cards, race games, dominoes and draughts, and occasionally there are concerts.

5409. *Chairman.*] If the weather is wet, hot or windy, how do the patients get shelter outside the wards?—They have only the wards, and the south-east wind is very trying to them, and on hot days they cannot get out.

5410. *Dr. Hoffman.*] Do you think a large recreation room would be a great advantage?—I think it would.

5411. From your experience what do you think of the climate of the island; as a whole do you consider it a healthy place?—Not for the patients.

5412. In what way does it affect them deleteriously?—It affects their eyes every much. Their eyes seem to suffer after they have been a short time on the island.

5413. *Dr. Fismer.*] Are they supplied with smoked glasses?—Yes.

5414. You think some sheltered place would be a great boon?—Yes. The fine sand is very trying to the eyes and irritates them.

5415. *Dr. Hoffman.*] Are the patients otherwise injuriously affected?—Those coming from the Free State are much affected by the mist from the sea.

5416. *Chairman.*] Have the Free State lepers chest complaint?—It seems to develope on the island. They come down all right, and a number of the patients have simply died of consumption.

5417. Were they ill when they came?—They seemed all right.

5418. What race were they?—Baralongs.

5419. *Dr. Hoffman.*] Do the patients complain much of the cold at times?—Yes, even now some of them wear great coats occasionally.

5420. Do they ever complain of the glare and heat?—Yes, and also the wind.

5421. Is the wind very high?—Yes, and the sand troubles them very much.

5422. Have they no shelter from the wind or heat?—No shelter except the wards.

5423. *Chairman.*] Are the wards fairly comfortable?—Yes; the stone buildings are very comfortable, but the iron buildings are very hot in summer and cold in winter.

5424. *Dr. Hoffman.*] Is there a great difference between the stone and iron wards?—Yes I think so; the stone buildings are very comfortable.

5425. Have you thermometers in the different wards?—No.

5426. *Chairman.*] Can you tell us what the mean temperature of the wards is?—No. I have known it as high as 104 in the wood and iron buildings.

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5427. *Dr. Hoffman.*] Are any meteorological observations taken on the island?—I cannot say. I believe so.

5428. Is it a fact that prostitutes ever come over to the island?—Yes.

5429. Is that a pretty frequent practice?—I cannot say it is frequent, but I know that some come over and visit the wards. It is well known; I drew the magistrate's attention to it.

5430. Did you try to put it down as far as possible?—Yes; but I cannot always prevent it. They get passes on the mainland.

5431. Has it happened more than once within your knowledge?—I know that one woman has been over several times; she is a well-known character.

Mr. L. P. Jones examined.

Mr. L. P. Jones.

5432. *Chairman.*] What is your position on Robben Island?—I am Assistant Resident Magistrate of Cape Town, resident on the island; I am also assistant lay superintendent and superintendent of convicts.

5433. How long have you been on the island?—Since November 11th, 1892.

5434. In what direction do your duties principally lie?—Primarily I perform any magisterial functions that may be required; as assistant lay superintendent I assist Dr. Impey in lay matters, hold any enquiries that may be necessary and look after the accounts, restaurant, police, &c. My duties as superintendent of convicts are also vey considerable.

5435. Have you anything to do with the lepers in the wards?—Nothing whatever.

5436. Your's is purely administrative work?—Yes.

5437. What officials are under you?—I have a general supervision over the office. Mr. Gower, however, is chief clerk and accountant.

5438. Does drunkenness prevail on the island to any extent?—No.

5439. Is there any trouble on boat days?—There have been cases of drunkenness reported in the wards after boat days on one or two occasions.

5440. How have they been dealt with?—I have had no case of drunkenness brought before me of anyone drunk in the streets since I have been here; there have been two or three cases of drunkenness at the restaurant, and the offenders have had their privileges stopped.

5441. Why cannot you deal with those cases?—The leper wards are not a public place; the Act provides that the Governor may make regulations, but no penalty is provided, and there is no means of enforcing the regulations. I spoke about this when my appointment was under consideration, and it was then said that an amending clause would be put into the Act in order to deal with such cases, but nothing has been done, and practically I have no power.

5442. *Dr. Hoffman.*] Your duties seem to be rather mixed, do they not?—Yes they are.

5443. Do they ever clash?—They have not done so hitherto.

5444. *Chairman.*] It has been stated in evidence that prostitutes are in the habit of coming over from the mainland to the island, is there any way of stopping that?—It is very difficult to know a prostitute. I remember one case where two women were said to be prostitutes, and I wrote to the chief of the police in Cape Town about it, and after obtaining information, their passes were stopped. Of course in any similar cases, if it were known, such characters would not be allowed to land.

5445. Is the boundary between the male and female lepers guarded by constables at night?—Yes.

5446. Is some one always there?—Yes.

5447. Are there any steps taken to ensure that the guard is there; is there any inspection?—They are visited occasionally, but not perhaps as often as they might be. We have no chief night constable, and it is a long walk to visit the guard; there are always three men on duty, and I have no reason

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to believe that they do not do their duty. They are visited from time to time.

5448. Can they absolutely prevent the males from getting into the female compound, or making clandestine visits?—They can prevent it, but it is possible to conceive that such visits might be made.

5449. Is there any way by which they can be prevented?—Yes, by increasing the number of guards.

5450. Do you consider the present fence is satisfactory?—It might be improved.

5451. Would there be any difficulty in getting over it?—I think not.

5452. Under those circumstances is it any good at all?—On a dark night a man would have no difficulty in getting over, though I should not care to try it, as it is barbed wire. In the day time there would be no difficulty in getting over, but it would be easier to get underneath. The sand and stones beneath the fence are looked to from time to time to see there is no gap.

5453. Would not a wall or railing be better?—A wall with glass on the top would be better, but it would cost a good deal and take a long time to build.

5454. *Dr. Hoffman.*] Has all your building material to be brought from the mainland?—Yes, with the exception of the stone which is quarried on the island.

5455. Have you no power to punish lepers who misbehave themselves in the wards?—Not unless they commit a common law offence; then they are amenable to the law just the same as anyone else, that is to say, if they committed an assault or anything of that kind.

5456. Suppose a leper gets drunk, can you punish him?—No, I have no power at all.

5457. Have you any power to punish a leper for using obscene language? No, none.

5458. Do you think a change ought to be made with regard to that?—Certainly; a penal clause ought to be introduced into the Act, and then regulations could be made to meet all cases.

5459. *Chairman.*] How many convicts are there on the island?—100. There are a few lepers who have been convicts, but they are virtually discharged by their admission to the asylum. I think about 11 altogether have been prisoners. The time of one I know has not expired, the sentence of another has been remitted, and in the case of several we do not know what the sentences are; we only know they were prisoners before they came.

5460. Do you think the island is a proper place for convicts who are not lepers?—No, certainly not.

5461. Why?—It is unfair to convicts to place them in such close contact with the lepers, but otherwise the island would be a suitable place for convicts. They may get food and so on from the lepers; and there is in that way the possibility of the disease spreading. I think the convicts get dagga from the lepers. I have reason to believe so.

5462. *Dr. Fismer.*] Do the lepers come into contact with the convicts?—Bodies of convicts are constantly working at the leper settlement and it is difficult for a guard to keep his eye on them all. I know of one case where a letter was intercepted addressed to a convict, care of a leper. That would lead one to believe that there is communication between them.

5463. *Dr. Hoffman.*] Is there any communication between the convicts and the female lepers?—I do not think so. I think the convicts are too well looked after for that. They have been known to speak to them.

5464. *Dr. Fismer.*] Have any cases come under your notice where male lepers have got into the female quarters?—Yes, there was one case where three men did so.

5465. How long ago was that?—I think in May last.

5466. How did they manage to get in?—They got through the fence.

We had only one guard there then. After that, two extra men were put on. I tried these men and punished them. I believe they had connection with three women outside.

5467. *Dr. Hoffman.*] Does the fence go right round the leper wards?—Practically it does.

5468. *Dr. Fismer.*] Have you known of any demonstrations taking place on the part of the lepers?—Yes.

5469. How often has that occurred?—There have been three lately. One was on the recent occasion of the visit by the Commission; another was about the meat, and another, before that, when the Colonial Secretary and President Reitz came over. The females came out and were very demonstrative.

5470. Have you great difficulty in managing the leper patients?—The police have only been called out on two occasions.

5471. What is the strength of the force?—We have ten leper guards and fifteen convict guards.

5472. *Dr. Hoffman.*] Are they all armed?—Yes. It is a question of course whether convict guards should be employed. You could call them out in case of emergency, but it is not their duty.

5473. What is your impression of the island as a place for a leper establishment, do you think it is a healthy place?—It is difficult to say as regards the lepers. They contend that it is not healthy. It is very windy, and in winter it is very wet and desolate. It seems to be very healthy for other people. There has been very little sickness since I have been here. There has been typhoid fever, but otherwise it is very healthy.

5474. Have the lepers got amusements?—Yes, but they do not seem to care much for amusement.

5475. Does the time seem to hang heavily on their hands?—I think so. A number of them do some work, for which they are paid.

5476. Do they work willingly?—Yes.

5477. *Chairman.*] Would it not be a good thing to plant more trees on the island?—Yes; it would make it a much pleasanter place for the lepers, but trees do not seem to grow well, except in places where they are sheltered. Trees do not grow to any height.

5478. *Dr. Hoffman.*] Is the wind too strong?—Yes, and the rabbits are a drawback to vegetation; they are all over the island.

5479. Do they come quite close to the settlement?—Yes, close to where the female quarters are, and even close to the village.

5480. Do they destroy vegetation to a great extent?—I think they do.

5481. Do you think the lepers are sufficiently sheltered from the sun, wind, and rain?—No. It would be an advantage if they had more shelter; a large recreation room would be a good thing, or a large day room might be attached to each ward where they could play games; the majority of the patients do not read much.

5482. Is there a library on the island?—Yes, there is a very fair library now.

5483. Is it open to the patients?—No.

5484. *Chairman.*] Is any attempt made to supply the patients with illustrated periodicals?—Yes; a good many are sent over from time to time by different people on the mainland. I think they get a very fair number.

5485. Are they interested in them?—I think they like looking at them; they have croquet, cards, dominoes, draughts and so on.

5846. Is there any music?—Yes, concerts are given from time to time, and generally there has been a very fair attendance. Whenever a new ward has been opened there has generally been some kind of entertainment given.

5487. *Dr. Hoffman.*] With the limited power at your disposal have you found it very difficult up to the present time to manage the lepers?—No, I

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consider them very well behaved on the whole, but of course tact is required on the part of the authorities.

5488. *Chairman.*] You think if they made a demonstration it would be be for some very strong reason?—Yes. When the Commission was here the the other day the women made a demonstration with a view of showing their desire to get away. It is their one subject of talk that they want to leave the island.

5489. *Dr. Hoffman.*] Have you anything to do with inspecting the meat?—The other day there was some disturbance about the meat and a certain part of it, alleged to be bad. was cut away, and the rest was sent back again. I enquired into the matter and took the statements of some of the patients.

5490. *Chairman.*] Can you let us have those statements?—I believe they have been sent to the Colonial Office.

5491. *Dr. Hoffman.*] Do you think there was any cause for complaint on that occasion?—I think some part of the meat was undoubtedly bad.

5492. *Dr. Fismer.*] Were not some of the complainants arrested on that occasion?—Yes.

5493. Were they punished?—No.

5494. How long were they under arrest?—Only a very short time. I only heard of the row after it was all over. Dr. Impey told me about it, but the men had all gone home then, and nothing further was done.

5495. *Chairman.*] In the case of the men who got into the female ward, did you punish them?—Yes.

5496. What punishment did they get?—They were fined £5 or a month's imprisonment.

5497. Was the fine paid?—No; they went to prison.

5498. Under what Act did you punish them?—Under the Police Offences Act, for entering an enclosed area at night.

Michael Moore examined.

Mr. *Michael Moore.*

5499. *Chairman.*] What position do you hold on Robben Island?—I am head overseer of the convicts.

5500. How long have you been in service on the island?—Two years and eight months.

5501. Have you anything to do with the guards over the lepers?—Yes; I am in charge of the guards.

5502. Who guards the boundary between the male and female wards?—I do during the day, and then there is a guard at night. There are three guards at the female quarters and one at the male quarters.

5503. Where are these guards posted?—One is posted at the nurses' quarters and one at the Free State ward. The guard walks round the whole of the buildings in order to see that there is no fire, and then he goes back to his post again. They relieve each other every two hours.

5504. Do you take any steps during the night from time to time to see that the men are at their posts?—I cannot be sure that they are.

5505. Supposing some of the male lepers wanted to visit the female quarters do you think they could get access there?—They might.

5506. Is there anything to prevent them?—I think there ought to be a chief constable for night duty so as to keep more supervision.

5507. Have your men been pretty healthy on the island?—There have been no complaints of illness among the constables.

5508. Would you say the island was a healthy place?—We have had no sickness except that one man was laid up with an attack of catarrh.

5509. Do their eyes suffer at all?—No, they do not complain.

5510. *Dr. Hoffman.*] Are you certain that no communication takes place between the male and the female lepers?—I cannot say. I have to depend on the guards I went down there one night myself and found

two men at one post, and another man ran around the ward; that was between 3 and 4 o'clock in the morning.

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5511. Do you think the male lepers could get into the female compound if they wanted to?—Yes, three constables I do not consider sufficient. They can get underneath the fence by scratching the sand away, and it would not be very difficult to get through. I dare say you would find the fence broken down now if you went there.

5512. Practically you think there is not enough supervision?—There is not. I may say that the other day when the Commission came over to the island, the women were in a great state of excitement, the constables were called out, and it was a difficult matter to quiet them. The men behaved very well; if they had broken out the same as the women, we would have had some trouble.

5513. What are the instructions given to the constables?—The following is a copy of the instructions:—

The constable on beat No. 1 shall, during the day time guard the boundary between the upper tramway (medical superintendent's garden corner) and the beach, from 5 p.m. to 5 a.m. No. 1 shall patrol between the nurses' quarters and the Free State ward once every hour, taking the back of the pavilions on his return journey. The constable for beat No. 2 shall watch the boundary from the upper tramway to the lighthouse during the day time, at night No. 2 shall remain near the nurses' quarters constantly. Beats shall be exchanged every two hours. Every constable detached for leper duty shall upon taking over his beat see that there are no fires burning in the neighbourhood of the leper wards, they shall watch carefully for any unusual occurrence or strange conduct on the part of the patients, and immediately report anything suspicious to the head overseer for the information of the medical superintendent. They shall demand to see and examine any doubtful parcel conveyed towards the leper wards. Should a leper be seen approaching the boundary in the direction of the village, the constable on duty shall demand to see his permit from the medical superintendent, and failing its production he shall order the patient to return and to remain within the prescribed limits. In the event of a patient's refusal to return when ordered, the constable shall by whistle or otherwise give a signal for assistance in order that the offender may be taken before the medical superintendent. A constable shall not employ force or violence except in self defence or for the protection of others from imminent danger. The constable taking up No. 1 beat at 6 p.m. shall ascertain at the nurses' quarters at what hours his services will be required to conduct the nurses to and from the wards, and he shall hand over his orders to the constable relieving him at 10 o'clock. Constables coming off duty at 10 o'clock a.m. shall on boat days parade at the boathouse at 10·30 a.m. for instructions from the head overseer, and the constables relieved at 2 p.m. will at once report themselves at the station for orders. The posts will be visited at uncertain times, and any matters in looseness of duty on the part of any constable will be severely dealt with.

Richard Roberts examined.

Mr. Richard Roberts.

5514. *Chairman.*] What position do you hold on the island?—I am dispenser.

5515. Are you a qualified chemist and druggist?—Yes.

5516. How long have you been on the island?—Since November, 1891.

5517. Have you a drug store?—Yes.

5518. What do you supply from the store?—Medicines, and dressings, and all medical appliances.

5519. Roughly speaking, what amount of drugs do you supply for the use of the lepers during the year?—I have not made a calculation, but I can do so.

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5520. Is the quantity pretty large?—Yes, there is also a good deal of calico and lint supplied for dressings.

5521. Is the calico supplied in the roll or in bandages already cut?—In the roll.

5522. Who makes the bandages?—The nurses at the leper wards; they may perhaps get the patients to help them.

5523. Would it not be more satisfactory to have the bandages made under your own supervision?—I do not know that that would be any advantage. I supply the calico in the roll, and the nurses cut out the bandages and roll them themselves, or they get the patients to roll them.

5524. Is that in keeping with what is done in other hospitals?—No; it means a lot of work.

5525. Do the lepers get much medicine?—Yes; they get various kinds.

5526. *Dr. Hoffman.*] And disinfectants also?—Yes.

5527. Do they get any drugs specially for the disease?—Yes.

5528. Regularly?—Yes.

5529. *Chairman.*] Do they get chaulmoogra oil and gurjun oil?—Yes.

5530. *Dr. Fismer.*] Is there much oil used?—Not so much lately.

5531. *Dr. Hoffman.*] Are there any drugs used specially for the disease as far as you know?—Yes; some roots were sent from up country, and they were used for some time. I do not know the name.

5532. Did you make a tincture of them?—We made an infusion.

5533. Was the use of those roots continued for any length of time?—Yes; but it has dropped off lately.

Mrs. Annita Dill examined.

Mrs. Annita Dill.

5534. *Chairman.*] What is your position on the island?—Matron at the female leper wards.

5535. How long have you been on the island?—Fourteen months altogether this time. I was here before, seven years ago, for four years. I was in the village then.

5536. How many attendants have you under you?—Only one for the day.

5537. And for the night?—There is no one for the night.

5538. Who looks after the lepers at night?—Only the constables outside the fence; that is all.

5539. Suppose any of the male lepers wanted to get into the female quarters, could they do so?—Not during the day.

5540. And at night?—They might.

5541. Can you say whether any such clandestine visits have been made? I cannot say. I have no evidence. I always have one of the patients whom I can trust in charge, and I tell her to call me if necessary, but there is no proper watch.

5542. How often are the wards cleaned during the week?—We have eight wards and every ward is scrubbed once a week, but cleaned every day.

5543. Are the table and chairs scrubbed?—Yes.

5544. Who does that?—The convicts.

5545. Do the patients take any part?—No, they could not many of them, as they have no fingers and are too weak.

5546. Who looks after the closets?—They are scrubbed every morning early. I asked Dr. Impey to give me leave to put a woman to see that they are kept clean; she is one of the patients.

5547. Do you think you are undermanned and want more help?—Yes. I should like more help, but I am about going away. I gave notice but Dr. Impey wrote me a letter asking me to stay on.

5548. *Dr. Hoffman.*] How many attendants ought there to be for the female wards, besides yourself?—There should be two and a servant.

5549. And a night attendant?—Yes; I have to get up very often at night, which makes it rather hard, but I have never refused.

5550. You said just now that you trusted one of the patients to keep watch at night; have you ever got any complaints of irrgularities from her? —No. I cannot complain of the patients. They say that they will give no trouble so long as I am there. If you treat them with kindness and consideration they are very satisfied and give hardly any trouble.

5551. Are they very tractable?—Yes. At times they have got a little unquiet, but I have always managed them with a little tact.

5552. *Chairman.*] I understand you to say that you have sent in your resignation?—Yes.

5553. Why is that?—I have a boy in a situation at Wynberg, and he wrote to me that he was not very satisfied, so I wanted to go and see him and I asked Dr. Impey for leave. From Wednesday to Friday would be a very short time and I wanted to stay away till the following Monday. This was granted and Dr. Impey wrote me out a pass from the 24th to the 29th of the month. When I came back on the Monday, I received a letter from the office saying that £1 would be taken off my wages for being away. I wrote back to Dr. Impey saying I thought I had permission and that I could not afford to lose the money as I had a family to maintain. I had never had a day's leave for eight months, and I thought it was very unkind to charge me £1. I thereupon gave notice as Dr. Impey refused to give me the £1.

5554. Has he still refused?—He has not spoken about it. I went up and saw him just now, and he wants me to remain, but the pay is not enough. £5 a month is too little.

5555. What pay do you get?—£60 a year as matron. Dr. Impey has promised to try and get me a little more.

5556. *Dr. Fismer.*] Do you have to supervise the food of the patients? —I requisition for so much food every day.

5557. Is the food good, or are there any complaints about it?—The patients do not complain very much, but they do not like the kind of food they get. They are used to mealies and such things.

5558. Is the food good?—I think it is very nice.

5559. But they are not used to it?—That is it. The Kafir women especially do not care for it. There have been green peas, and the Kafirs have thrown them away and said it was dog's food and they want mealies and Kafir corn. I may say that the beef is very bad, I have complained several times about it. Every patient gets 10. oz. of meat a day but there is a good deal of bone. The mutton is very good. The vegetables also are very good, but sometimes I have seen big heads of really good cabbage just thrown away in the dirt box. The constables can corroborate what I say, for they have shown it to me.

5560. *Dr. Hoffman.*] Are the tea and coffee good?—No; there is too little. They are not satisfied with a little jug; they want a big basin full. The tea and coffee are very weak.

5561. *Chairman.*] I understand you that the quality is good enough but the quantity is too small?—Yes, they ought to have a little more.

5562. *Dr. Hoffman*] Is the food prepared well as a rule?—I think so. Twice a week they get split peas, but they will not touch them, and if they could get rice instead it would be better; they are very fond of rice.

5563. *Chairman.*] Were the nurses from Kimberley under you?—No.

5564. Are there any complaints about the soap?—The quantity is too small; they do not get enough.

5565. *Dr. Fismer.*] Do the patients wash their own clothing?—Yes, they can send it to the laundry if they like, but they do not care to, it comes back so dirty, and the women do not care to have their clothes washed by men.

5566. *Chairman.*] Is it better for them to do their own washing do you think?—Yes.

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5567. Have they got a washing floor now?—Yes, but they want more soap.

5568. *Dr. Fismer.*] What arrangements are there for bathing?—There is a bath room containing seven baths.

5569. Are the patients very anxious to have baths?—Yes.

5570. How often a week do they bathe on the average?—Nearly every day. In the summer time I take them down to the sea and they are very fond of that. Some go in the morning and some in the evening and some of them go into the sea twice a day.

5571. Do you take the patients out for walks regularly?—Yes.

5572. How long does the walk take generally?—From one to two hours. If they like to stay a little longer they can.

5573. Do the patients like going for a walk?—Yes. They are very fond of it.

5574. Do they object to being confined in a compound?—They do not like it, but they do not complain much.

5575. Do you try to amuse them?—Yes.

5576. *Chairman.*] Do the patients make any complaints to you?—Yes.

5577. What is their chief complaint?—That they want to go home.

5578. Is that the white or the coloured patients?—Some of the patients, both white and coloured would not care to go home, but those who have left children complain very much.

5579. Do you consider segregation on the island a success or otherwise?—Visitors come over, and they kiss the patients and shake hands with them; we cannot stop it. Some are afraid of infection and others not.

5580. Then it is not a success?—I do not think it is.

5581. *Dr. Fismer.*] Do you get a good many visitors from the mainland?—Yes.

5582. How many healthy children have you in your department?—There are 11 healthy children.

5583. What age are they?—The eldest is seven years and the youngest six months. That child was born on the island. Four children have been born in the wards since I have been there.

5584. How long had the mothers been on the island previous to the children being born?—From two to six months.

5585. That is to say they were pregnant when they came?—Yes.

5586. Are the children separated from the mothers?—No, they do not want to be separated.

5587. Do these children mix pretty freely with all the leper patients?—Yes.

5588. Have they separate beds?—Yes.

5589. But they sleep in the same ward?—Yes and eat at the same table.

5590. Do they use the same utensils?—They have their own cups and plates.

5591. *Dr. Hoffman.*] Do the leper women get clothing from the Government?—Yes.

5592. How many changes have they?—They have very good clothing. Every six months they are allowed two dresses, three petticoats, three night-dresses, and other articles.

5593. What do they do with articles of dress not in use; where do they keep them?—In boxes beside the bed, but they like to put them under the mattrass. I take them away from there always, as it is not the proper thing. I try to give them boxes if I can.

5594. Would it not be much better if they had small cupboards?—Yes, it would be.

5595. Are not the wards very hot in summer and cold in winter?—I think the wards are very comfortable.

5596. You have not found them too hot ?—No, I always have the windows opened and it is nice and cool. It is cooler in the wards than in my house.

5597. Are the patients fond of having the windows open ?—No.

5598. Do you not think it would be well if more trees were planted and the surroundings of the wards improved ?—Yes.

5599. Are they rather exposed ?—Yes. It would also be a good thing if there was a large day room outside where they could sew or amuse themselves. It is very difficult now to keep the wards clean. The patients are not very clean people.

5600. *Chairman.*] In the case of those patients who have open sores, where do you keep them ?—In the same ward as the others.

5601. Is there a hospital ward for the women ?—No.

5602. Suppose there was a case of erysipelas what would you do with the patient ?—We always keep such patients at one end of the ward. Those patients who are pretty well help the others, as we have not hands enough. They receive a little pay for that from the Government. They help them bind up their wounds and so on.

Mathew N. Wright examined.

5603. *Chairman.*] What are you ?—Sanitary Inspector.

5604. How long have you been on the island ?—About 18 months; since May last.

5605. What is your duty ?—I have to see that the village and the leper pavilions are kept clean. I have convicts under me, five in the village, five at the male leper wards, and ten at the female leper wards—I go round and tell them what to do and see that it is done.

5606. Do you inspect the closets, latrines, and so on?—Yes.

5607. How often do you do that ?—I inspect them all every day.

5608. Where is the night-soil deposited that is taken from the wards? —It is thrown into the sea at the other end of the island.

5609. Are there any cesspits ?—There are a few catchpits but no cesspits: the drains are very bad. The new drains are not finished yet, and they have not started with the drains at the female asylum.

5610. Have they got the plans for the new drains ?—Yes. None of the drains are yet completed.

5611. When they are completed, will there be a better state of things ?— I think so as far as I can judge. I have no idea how they are going to connect the pavilions. At present they are very careless and throw the slops all about, sometimes out of the windows of the wards. I do not suppose also that half of the patients use the closets; they ease themselves all about.

5612. Is there no way of enforcing better cleanliness ?—It is no good speaking to them.

5613. *Dr. Hoffman.*] You say that the night-soil is thrown into the sea ?—Yes: into deep water, a new tipping place has been made.

5614. Are the patients as a rule dirty in their habits ?—Yes, they are very dirty, especially the females.

5615. Do not they use the closets as a rule ?—No. There are for instance over 300 males and there are 33 tubs, and yet there are as a rule only about nine tubs with soil in out of all that number of persons, clearly proving that they are not used as they ought to be.

5616. Do the patients help you at all to keep the place clean ?—Not at all; they seem to do all they can to make it dirty.

5617. *Dr. Fismer.*] How are the sanitary arranagements generally on the island ?—Very bad indeed. Most of the pavilions have catchpits outside, and pipes leading to them through which the refuse runs.

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5618. *Dr. Hoffman.*] Do these pipes often get blocked?—Not very often. At No. 5 pavilion I noticed the week before last that a lot of rags had been stuffed into the pipe purposely.

5619. Where are the old dressings thrown?—The old dressings from the female leper wards were thrown into the sea, but I take them right to the end of the island and have them buried three or four feet underground. When it is possible they are burnt.

5620. Do you think there is room for great improvement in regard to the sanitary conditions of the island?—Yes. There are no lavatories at the wards except at No 1 pavilion, and that is only a makeshift. The men go outside to the tanks and wash themselves, and there are large pools of water. The place is perhaps made beautifully clean and half an hour afterwards it is very bad.

5621. Is there a bad smell on hot days?—I have never noticed any bad smell. We use a good deal of choride of lime, and I am very particular.

5622. Do you use chloride of lime for the soil tubs?—Yes, in each pavilion there is a large tub full of chloride of lime.

H. G. Dreyer examined.

H. G. Dreyer.

5623. *Chairman.*] What are you on the island?—I am the carpenter in connection with the institution.

5624. How long have you been on the island?—Eighteen years.

5625. Do you have to prepare the coffins when they are required?—Not now. They all come from town.

5626. What are your duties?—I attend to all the carpentering work on the island.

5627. And you have done that for 18 years?—Yes.

5628. It has been reported that at one time the coffins containing bodies of lepers were placed in the same cart as that used to carry meat, groceries, and so on, is that so?—It was so.

5629. Has that condition of things been altered since?—Yes, the trolly is used now, but in former times the same cart was used.

5630. Is it true that sometimes decomposing matter from the bodies ran out of the coffins into the cart?—Very often that did happen.

5631. *Dr. Hoffman.*] Has there been a great improvement of late years in that respect?—Yes. I have had to go down and fetch bodies which were very much decomposed, but the coffins are now well pitched inside. In former days they were never pitched.

5632. Are they all pitched now?—Yes; all coming from town.

5633. How are the corpses conveyed to the burial ground?—They are taken on the trolly and from the trolly carried on men's shoulders.

5634. Did you have anything to do with putting the bodies into the coffins?—I never used to handle them.

5635. Were the dead bodies handled by the lepers themselves?—Formerly I had two lunatics who used to put the bodies into the coffins.

5636. Do you consider the island a healthy place; have you yourself always been healthy here?—Not as healthy as I was on the mainland. You get all kinds of complaints such as rheumatics, lumbago, and all that sort of thing.

5637. *Chairman.*] Is there much rheumatism on the island?—Yes. I never knew what it was till I came here.

5638. Do many other persons on the island suffer from rheumatism?—Yes, a good few.

5639. *Dr. Hoffman.*] And chest complaints?—Yes, a few.

5640. Have you ever been troubled with that?—No.

5641. Do you consider the island very hot in summer?—Yes; and cold in winter.

5642. Is it more so than on the mainland?—Yes. It is far colder here than on the mainland.

5643. Are there high winds on the island?—Yes.

5644. Are you much troubled with the sand when the wind is blowing?—Yes; when the south-east wind blows, the sand and dust get into the eyes. I think the wind is worse on the island than in Cape Town.

Franz L. Barendt examined.

Franz L. Barendt.

5645. *Chairman.*] What are you?—Head butcher and baker.

5646. How long have you been on the island?—Twenty-four years next August.

5647. How often a week do you bake?—Every day we bake three batches, on Thursdays four and on Saturdays five.

5648. Are all the people on the island supplied daily?—Yes.

5649. There were some complaints made about the meat; was it bad?—I issued the meat in the morning at six o'clock and I saw nothing wrong with it. There was no smell about it, and as far as I could see it was good. I eat the same meat myself, and so did a good many other people also on the island.

5650. *Dr. Fismer.*] Was there any complaint except from the leper patients?—Only from the lepers.

5651. Where do you procure your meat from?—From Messrs. Combrink & Co. in Cape Town.

5652. How often a week does it come?—Three times a week.

5653. Have you ever any complaint to make about the beef that comes over?—Some of it is very poor, otherwise the quality is good.

5654. Is there much fat about it?—No.

5655. Is the mutton any better?—Yes, the mutton is very good; we kill our own sheep.

5656. How is the meat issued to the different wards?—In nets; each section has a net, but the lepers get their meat in bags in bulk.

5657. *Dr. Hoffman.*] Is it divided at the wards?—Yes.

5658. *Chairman.*] Before cooking or afterwards?—I do not know; it all goes into one kitchen, how they divide it I cannot say.

5659. *Dr. Hoffman.*] Do the patients get fresh bread every day?—What is baked to-day is issued the next day.

5660 You never allow it to get stale?—It might be a day old, not more. I have never heard any complaints about the bread.

5661. *Dr. Fismer.*] Has there been any other complaint about the meat?—I never heard any complaint before.

5662. Was the meat sent back?—Yes.

5663. Did you cut off some of it?—Yes. It came back at eight o'clock and after it was turned out of the bags there was a slight taint on some of it. I was told to take out the bad part and substitute some other meat.

5664. Was the meat bad?—Yes. Meat will turn bad in half an hour when it is lying in bags one on the top of the other, it ferments.

5665. *Dr. Hoffman.*] After it came back did you detect any smell about it?—It was slightly acid, that happens very often in the hot weather.

5666. How much did you cut off?—112 lbs.

5667. Was that bad?—It had a green taint.

5668. Would you say it was actually bad?—It had a greenish taint, but I would have eaten it myself if it was washed clean.

5669. Did it taste high?—No.

5670. *Chairman.*] Did anyone tell you to take off the 112 lbs. or did you take it off of your own accord. Mr. Gower said that if there was any bad I was to take it out. There were 229 lbs. altogether, and I took out 112 lbs., about half.

Mr. *Percy Gower.*

Feb. 28th, 1894.

Mr. Percy Gower examined.

5671. *Chairman.*] What is your position on the island?—Chief clerk and accountant.

5672. Are you accounting officer?—No.

5673. How long have you been on the island?—Over four years.

5674. Is your work purely official?—Yes; it is all official, that is to say, I conduct the financial and supply department.

5675. Who makes the contracts?—That is clerical work conducted by myself personally.

5676. What provision is there for keeping up the quality of the stores supplied to the island?—We invite tenders and get samples in certain cases, but that is not always possible, we cannot have samples of perishable articles.

5677. What check is there against perishable articles being sent in an unsound condition?—In inviting tenders it is stipulated that everything must be of the best quality.

5678. And is that so?—Technically speaking the superintendent has the right to return anything not approved, but he is at a disadvantage in that respect on account of its being an open question whether the contractors have a right to deliver at the ship's side or on the island. That question has not been settled, why I cannot say. It is a legal point and depends upon the interpretation of the contract.

5679. Could not that point be set right in subsequent contracts?—Yes; I should think there could be no difficulty.

5680. You are aware that there have been some complaints about the meat lately?—Yes; the meat and tobacco have been complained about.

5681. What is the complaint about the tobacco?—It was said to be dry and not smokeable.

5682. And the meat?—They said the meat was not fit for food.

5683. Had you anything to do with it?—Yes; I saw it. I see all the stores.

5684. Was it bad?—No; the meat was quite sweet. It did not look well and it came from an ill-conditioned ox but it was perfectly good.

5685. How much meat was removed?—I did not see what quantity was removed. I gave instructions to the butcher to remove the green parts.

5686. Then some of it was green?—Yes.

5687. Was that considered good?—Although green, the meat might be sweet.

5688. How much of the meat was removed?—I cannot remember exactly how much.

5689. Not 112 lbs?—I cannot say. That is a point I leave to the butcher.

5690. What tobacco is allowed the patients?—I think they get two ounces a week each, but there are medical extras as they are called.

5691. Do you consider that enough?—For a regular smoker perhaps not. They complain that it is dry. It is boer tobacco in roll, and costs a shilling per lb. The sample was good.

5692. Would it not be better to give the patients cut tobacco?—They might still object that it was dry. That is the only complaint. The cut tobacco is more expensive, and moreover they like to cut their own tobacco as far as I know.

5693. Have there been any complaints about the tea and coffee?—Bush tea has been lately introduced. The lepers must have heard that they got bush tea, without recognizing it, because they made a complaint about it on a certain day when it had not been used; they had China tea, but bush tea had been used previously, the stock had become exhausted. We have mixed China and bush tea, in the proportion of two of the latter to one of the former.

5694. Is bush tea much cheaper than China tea?—Yes, the bush tea is 2d. a lb. and the China tea about 1s 6d. a lb.

5695. *Dr. Hoffman.*] With regard to other stores, are you satisfied as to their quality?—Personally I am satisfied with everything except the beef.

5696. You think it is too lean?—Yes; and it is not in terms of the contract. We have taken exception to it, but the contractors know perfectly well that we cannot send it back; as a rule it means slaughtering a sheep.

5697. How long do you keep the meat as a rule?—Not more than 24 hours elapse from the time the meat is killed to the time it is cooked.

5698. Do you ever have any complaint about the mutton at all?—When I first came to the island the mutton was of very bad quality.

5699. Did you slaughter on the island at that time?—Yes. The sheep were not bred here, but brought over a few days before they were slaughtered. They were very poor, and we altered the terms of the contract.

5700. Do you consider the island a healthy place or otherwise from your experience?—I believe it to be thoroughly healthy.

5701. Do you think that rheumatism and chest complaints are more common on the island than on the mainland?—No, not from personal observation.

5702. Are you yourself perfectly healthy?—Yes. With a good drainage system and water supply I consider the island a most healthy place.

5703. Are you ever troubled much by the high winds, the cold or the heat?—There is a pronounced change in the temperature on the island. I do not know that it affects healthy people.

5704. But so far as you and your family are concerned you do not suffer from any complaint?—No, I consider the island a most healthy place.

5705. *Dr. Fismer.*] Have you a cool store for keeping the meat in?—Yes.

5706. Have you never observed that it gets bad even in the hottest season?—Yes, it has turned sometimes, but that has been on occasions when it was slaughtered the day prior to shipment.

5707. *Chairman.*] Is there any provision made during the hot weather for bringing the meat over in ice?—No, there never has been. There would be some difficulty about that, as the meat is supposed to be on board between 8 and 9 o'clock a.m.

5708. What amount of meat comes over at once?—From 600 to 700 lbs., one carcase and a half. Until recently we got two, about 1000 lbs.

5709. Might not arrangements be made for sending over the meat in boxes with ice, especially as Messrs Combrink have a refrigerating establishment?—It might be done if Government chooses to incur the expense, but the terms of the present contract would interfere with such an arrangement. They must send over the meat in eight sections of one carcase and if the meat were in boxes they might have to divide the pieces. I do not think it is necessary. When the meat goes to the wards, it is perfectly good and quite as fresh as any household in Cape Town would get from the butcher.

5710. *Dr. Hoffman.*] Had you and your family some of the meat that the row was made about?—I did not get meat that day, but I inspected the meat in other parts of the institution. The meat that came back from the lepers wards appeared to have been put into bags instead of nets, and the bag I saw was not clean.

5711. *Chairman.*] How long had it been in the bag?—I cannot say. It would be issued shortly after six in the morning, and I had an intimation that it was bad about eight.

5712. When did the meat arrive on the island?—The day before at 12 o'clock. It was landed and then hung up and dissected the same afternoon into about the proportions that go to the different asylums. At six the next morning it is supposed to be in the nets, but for some reason or other the lepers' meat was put into bags instead of nets, which was a mistake.

Mr. *Percy Gower.* — Feb. 28th, 1894.

5713. When was it delivered at the leper wards ?—Shortly before 7 in the morning probably.

5714. Would it be in the bags about an hour and a half ?—Yes.

5715. Would that be enough to affect the meat ?—If the temperature was high and the meat was tied up in a bag it might get bad. There would be the return journey to consider also.

5716. *Dr. Fismer.*] Did the meat look fresh the day it arrived ?—Quite fresh and sweet, there was no green at all about it.

5717. Did not that give you the impression that it was slaughtered the day before ?—I am pretty certain it was not; if it had been it would have had a dry appearance, but the meat was quite fresh and wet.

5718. *Chairman.*] If the contractors had kept it in a cool place, would it have looked dry ?—The contractors must send it off directly after it is slaughtered, and that has always been done with the exception of the first delivery, which we rejected because it was stale. That was in July last year.

5719. Is there anything else you wish to state ?—I would point out that certain lepers are forced to come to the island, and they are thereby deprived of the franchise. For instance, men like Mr. K**** and Mr. L*** are registered voters, but they are deprived of their rights because Robben Island is not in any electoral division ; I do not see how the Leprosy Repression Act can go in the face of the Constitution Ordinance and deprive voters of their rights unless they are specially disfranchised.

5720. *Dr. Hoffman.*] Do they complain at all of this ?—No; but I think they might. The point occurred to me and I thought I might mention it to the Commission for their consideration, so that they might be prepared for any complaints.

5721. Are you disfranchised yourself ?—Practically I am, and I intend to complain about it ; all the island is disfranchised, in fact, on account of its position.

5722. Have you any idea how many people on the island are thus disfranchised ?—I could not say. The number of wage earners entitled to vote is at present about 230, and the voting on the island might possibly turn an election.

John Keens examined.

John Keens.

5723. *Chairman.*] What is your position ?—I am a shoemaker on the island.

5724. How long have you been here ?—Eighteen years.

5725. Did a son of yours contract leprosy on the island ?—I cannot say that he contracted leprosy ; there was a difference of opinion among the medical men.

5726. Was he a leper before he came here ?—No.

5727. How long after he came here did he get it ?—About six years.

5728. Had not he an accident with a fish hook ?—I do not know.

5729. It is reported that he was fishing with some of the lepers and got a fish hook into his hand and a leper took it out ; did you hear anything about that ?—No. It was the schoolmaster who first told me the boy could not use his fingers nor use a pen. He had been at school then some time.

5730. *Dr. Fismer.*] Did he never hurt himself with a fish hook ?—I know nothing about it.

5731. What age is he now ?—He is dead. He died five or six years ago.

5732. How old was he when he died ?—About 22.

5733. And when did the leprosy first show itself ?—As near as I can remember when he was 11 or 12.

5734. How long had he been on the island before the disease first showed itself ?—Five or six years.

5735. Did he used to come in contact with the lepers ?—Yes.

5736. Formerly they were allowed to roam all about the island, were they not ?—Yes.

5737. Do you know of any other case of leprosy contracted here ?—Not to my knowledge.

5738. *Dr. Hoffman.*] Have you a large family ?—I have two boys and three girls.

5740. Do you consider the island a healthy place ?—I have found it so. I was at the hospital under Dr. Parsons on account of my eyes about a twelvemonth ago. He thought it was due to the glare on the island.

5741. Do you find that rather intense ?—Yes.

5742. Otherwise you have nothing to complain of ?—No.

5743. *Dr. Fismer.*] Do you work for the leper patients ?—At first I made shoes for them, but now I do not.

5744. *Chairman.*] Who does the repairing ?—There is a man at the asylum, who was fomerly my assistant. I think he instructs some of the patients how to work for themselves.

5745. Did you make all the boots for the lepers in the first instance ? —Yes.

5746. *Dr. Hoffman.*] Are the boots used now mostly ready made ? —The feet of the lepers are in many cases so distorted that they have to get their boots made.

5747. Do you take the measurements ?—No ; I did formerly, but now I have nothing to do with it.

5748. Are you in close contact with the lepers at all ?—No.

Antonio Perreria examined.

Antonio Perreria.

5749. *Chairman.*] What is your position ?—I am chief boatman on Robben Island.

5750. How long have you been here ?—Close upon sixteen years. It will be sixteen years on the 1st of July next.

5751. Are you aware of any persons coming over to the island in boats, apart from the usual steamer ?—Yes, sometimes.

5752. What class of persons are they ?—Mr. Ohlsson and other gentlemen come over to shoot occasionally.

5753. Do you know of any other persons coming over, any objectionable characters ?—No : only fishing boats come.

5754. Do they ever bring over any persons who stay for any time ? —No, unless it is some of the officials who have missed the steamer, but that is very seldom.

5755. Is there any chance of any of the patients being taken off in those boats ?—No.

5756. *Dr. Hoffman.*] Do any boats come in the night time as far as you are aware ?—Only fishing boats. They generally come in the afternoon and report themselves to me. These men all have permission from the superintendent to come here and fish and they go back as soon as they have finished.

5757. They must have permission ?—Yes, otherwise they dare not touch at the island.

James Nutt examined.

James Nutt.

5758. *Chairman.*] What is your position on the island ?—I am night watchman at present. I was over here some 22 years ago.

5759. How long have you been here this last time ?—Nearly five years. I have served the Government over 30 years.

5760. What are your duties ?—I watch all the place round the village.

5761. Do you notice any drunkenness at night at all ?—I have not seen

James Nutt.
—
Feb. 28th, 1894.

any for some time; there used to be some drunkenness a good many months back, but it has been pretty quiet lately.

5762. How long ago should you say?—Nine or ten months.

5763. What was the cause?—The hours were later then than they are now.

5764. Do you go to the leper asylums?—No.

5765. Have you ever seen any of the convicts interfering with the females?—No.

5766. Do you know if the male lepers ever attempt to get into the female quarters?—I have never seen anything of the kind.

5767. Have you ever seen any boats arriving here at night?—Only fishing boats.

5768. They have not brought any passengers, have they?—No. The boats generally land at Murray's Bay.

5769. Do they land during the night?—Those that have permission.

5770. Have you ever heard of their taking leper patients away?—No.

5771. You have never heard of anything of the sort?—No.

5772. Have you known the fishing boats bring over spirituous liquors for the lepers?—Not lately; they used to do so years ago. The Malays used to bring dagga also.

5773. They did some smuggling?—Yes. There was some suspicion about it, and the doctor used to have them searched in the boathouse.

5774. During your experience have you known of any healthy person catching leprosy on the island?—No.

5775. Do you know how the shoemaker's boy got the disease?—No.

5776. *Dr. Hoffman.*] When the boats touch at the island must they have permission?—Yes.

5777. Are you aware of any boats landing during the night?—No. If I saw a boat lying off the island I should go up and tell the chief boatman, and it would be his place to go and inform the superintendent.

5778. So far as you are aware, no irregularities take place during the night?—No, I am not aware of any.

Cape Town, Monday, March 5th, 1894.

PRESENT:

Dr. Murray *(Chairman).*

Dr. Hoffman,	Dr. Dodds.
,, Fismer,	,, Herman.

Dr. C. Smuts examined.

Dr.
C. Smuts.
—
March 5th, 1894.

5779. *Chairman.*] Are you a medical practitioner at Stellenbosch?—Yes.

5780. Do you hold any official appointment?—I am district surgeon at Stellenbosch.

5781. Have you always practised there?—Yes.

5782. For how many years?—Forty-eight.

5783. Have you had any experience of leprosy in the district?—Yes.

5784. Have you had many cases?—Yes, during the last three years.

5785. How many cases have you had within the last few years at any time?—About thirty the last three years.

5786. Of those cases what proportion were white and what proportion coloured?—There were no whites among the thirty.

5787. Have you reason to suppose that the disease has spread at all in

the district of Stellenbosch while you have been there?—That would appear so, because I see more of the cases now since the Government moved in the matter. Very little notice was taken formerly of these cases.

5788. Do you think the disease has spread at all among the white races?—No.

5789. Are there any cases at Stellenbosch among the white population that have come under your notice?—I have not a single case at this moment.

5790. From what aspect have you studied the disease?—Only from a clinical aspect.

5791. Have you classified your cases at all?—They are the tubercular and anæsthetic form.

5792. Are there any of the mixed form?—I daresay there are some cases.

5793. Have you formed any opinion as to the method of spread of the disease?—I think it is by heredity.

5794. Have you in your possession any records of families that would go to support that view?—Of several families; but there are a few cases which I can explain in no other way than that they have arisen de novo.

5795. As regards heredity, in what way do you think the disease is spread; have you ever known of a leprous child being born?—No.

5796. What is the youngest age you have seen a leprous child?—An infant a few months old, child of a daughter of Mr. ——, a leper.

5797. Was that a child of leprous parents on both sides?—Only the grandfather.

5798. Have you any records of cases among the thirty persons you mentioned which would bear out the theory of heredity?—Yes, in several; in one white family, not of the thirty, there were Mrs. C., her son, his son, his grandchild, his brother's son, his sister, and a son of another sister.

5799. Can you give us the names?—I can only give the initials, J.C. and D.C.

5800. Are there any of the children at the present time in these families who are suffering from leprosy?—I cannot say as I am not attending the families and have lost sight of them.

5801. Do you know how the mother contracted leprosy?—No.

5802. You cannot trace it back in any way?—No.

5803. Can you mention any other group of cases in the district which bears out your view of heredity being a means of spreading the disease?—Yes, there are others with the particular history of which I am not acquainted. I had a cook whose husband and son died at Robben Island from leprosy whilst she at 83 was free from it, so also a daughter and her son.

5804. Why do you think that heredity tends to spread the disease?—From what I have seen.

5805. You saw 30 cases of leprosy, I understand, among various families?—There were many more than 30, but that would be in the last three years (1891 to 1893); they have almost all gone to Robben Island.

5806. As regards the term "heredity," does it to your mind mean the actual transmission of the disease to the fœtus in utero, or is it a predisposition or proclivity which certain families show?—That is difficult to say.

5807. Have you ever seen a fœtus born leprotic?—No.

5808. *Dr. Fismer.*] Did the leprosy appear on the son after the death of the father?—No; they lived together a long time; both the father and son were sent to Robben Island.

5809. *Dr. Dodds*] Can you give us the name?—No.

5810. *Chairman.*] Have any of the cases out of the 30 you spoke of been sent to Robben Island?—Almost all.

5811. Therefore the names would probably be found in the records on the island?—Yes.

Dr. C. Smuts. — March 5th, 1891.

5812. Do the patients as a rule allege that they have got the disease by contagion when they talk about the matter?—No. They ascribe it to various causes. Sometimes they will say they bathed when they were very warm and then all at once it broke out. There are two cases which I remember bearing that out. There was the case of a child twelve years old; the little fellow was very warm one day and went to bathe, and he was lying about in the sun for a long time and then he bathed again. After this, he came home and complained of a headache, and from that day he was not quite well. By degrees his face began to swell and he showed symptoms of leprosy.

5813. What is the child's name?—The boy's name is Samuel Pieterse.

5814. Was it a coloured child?—Yes. About the same time another child, also a coloured boy, Thomas Maurits, nearly the same age, got the disease in the same way; at all events the parents could not attribute it to anything else. He went to bathe when he was very hot and came home, and complained of feeling unwell, and the symptoms of leprosy began to develope.

5815. *Dr. Hoffman.*] From your observations, apart from the increase in the population, do you think that leprosy has increased of late years?—I cannot say that. I have found out more cases, but I do not think it is increasing.

5816. Can you say whether in your opinion the tubercular form is more frequently met with than the anæsthetic or vice versa?—The tubercular form is more frequent.

5817. Is it in your experience more fatal than the other form?—Yes; more quickly fatal. The other form may continue for years, and affected persons will go about their work.

5818. *Chairman.*] With regard to the cases of heredity which you mentioned, do you exclude all sources of the causation of the disease: take for instance a family in which the father or mother are lepers; do not the children live in the same house and under the same conditions?—Yes.

5819. And they probably eat out of the same utensils and so on?—Yes.

5820. And probably sleep in the same bed?—Probably.

5821. Although therefore, you have a strong impression in your own mind that the disease is hereditary, you still recognise that there is a source of error in forming a diagnosis?—Perhaps one child may take it and all the others escape. I know of only one case where the man and his wife had the disease, but they both had it at the same time, so you could not say that the one got it from the other.

5822. How are you able to affirm scientifically that both had it at the same time; how did the man come under observation; might he not have had ulcerous sores on some part of his body which you would not be cognizant of?—I treated that man on one occasion for fracture of the leg, and if there was anything wrong with him, I would have seen it, but there was nothing the matter with him at all.

5823. You are speaking now of a healthy man and a healthy woman who both developed leprosy; which of them developed it first?—That I cannot say.

5824. How did these two healthy individuals get the disease?—I do not know.

5825. You cannot say whether their fathers or mothers or other relations were lepers?—No.

5826. Therefore your chain of heredity would be incomplete, would it not?—Not necessarily: there may have been leprosy in the families of both, and my impression of heredity has arisen in a general way, taking all the cases I saw together.

5827. And you admit that they were all subject to these same conditions?—Yes. I know of a case where the husband had the disease very

badly: you could smell it when you approached the house. The wife washed and dressed the wounds every day several times and even slept with her husband for a long time, yet she is quite well and free from the disease.

5828. *Dr. Dodds.*] Did they have any children after the husband got the disease?—No, they never had any.

5829. *Chairman.*] Are you of opinion that leprosy is contagious?—From cases I have read I would say that in some very extraordinary cases it can be.

5830. Under what conditions?—I do not know the conditions.

5831. If a man had an ulcerated surface in tubercular lerprosy, would he be likely to spread the disease to a person who had a broken surface?—Possibly, but not necessarily.

5832. You are aware that there is a bacillus in leprosy?—I have heard so, and I believe it.

5833. Why do you think that contagion is spread only in a small degree?—By observation: people live together, and sleep together, and have children by each other, and they still remain free from the disease. There is not a single case of contagion that I can point out.

5834. Has every case of leprosy to your knowledge been one in which the parents have been lepers?—I say that in some cases there may be contagion, in some an origin de novo.

5835. You admit that contagion is possible?—Certainly, but the percentage of cases is very small, infinitesimally small.

5836. Why do you think the percentage is small?—Not having seen a single case that I could bring home to contagion. When prosecuting my studies in Europe, a Paris professor of medicine, when lecturing on this disease, used to place his bare leg up to the knee under the blanket in contact with that of the leper, who had been made to perspire, during the whole of the lecture, which lasted about an hour, in order to impress on the students its non-contagiousness.

5837. *Dr. Dodds.*] Did the wife in the case you mentioned just now take no precautions to avoid contagion?—Not at all.

5838. Is she still living?—Yes, and perfectly well.

5839. *Dr. Hoffman.*] Can you account for the cases which you say arise de novo; have you formed any theory as to how it is possible?—It would seem that persons bathing in cold water when overheated from exposure to the sun may contract the disease.

5840. Not drinking cold water when they are hot?—No.

5841. Do not patients sometimes say that they have drunk cold water when they were hot?—They have all sorts of theories.

5842. *Dr. Dodds.*] Have you met with many cases where persons have not closely associated with other lepers, either lived in the same house or been on friendly terms with them?—Yes, cases which had never been near to or seen a leper, as far as they can remember.

5843. What were the conditions of life of most of those cases you referred to; were they cleanly people?—Some of them were very clean.

5844. *Dr. Hoffman.*] What is your general impression of the cases where you found leprosy; were the people clean and were the surroundings good, or was it otherwise?—Some were very clean and the surroundings excellent.

5845. Would you say that leprosy would be most likely to occur among well-to-do and cleanly people or among dirty people?—Of the cases I have seen very few can be called dirty people.

5846. *Dr. Dodds.*] Have you found leprosy among people who were quite clean in their habits?—Yes. I know a case at Eerste River where the patient is a most neat and cleanly person, and many more cases.

5847. *Dr. Hoffman.*] Have you treated any further cases of leprosy in

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that family where the father died of the disease?—No, for after the death of the father I ceased to attend the family.

5848. Were there ever any children at all?—Yes, several. A son died from leprosy at the age of about 20, but it was kept secret, and a daughter has a child which showed symptoms of the disease when only a few months old.

5849. *Chairman.*] Have you formed any opinion as to the sterility of lepers?—A coloured woman, Abda Arnoldus, 39 years old, mother of nine children, four of which are alive, one seven months old, at the breast, all strong and healthy looking, has had tubercular leprosy for many years, and is now at Robben Island. Mr. J. C, has a large family, and so has his brother D. C., who lost a son from leprosy. Constans, a coloured woman 45 years old, living at Klapmuts, is the mother of thirteen children, of whom seven are alive and in excellent health, six being hired out to farmers, the youngest, seven years old, at home; has had, three years ago, two miscarriages, feels healthy and strong, and is able to do all kind of farm labour and carries wood. The disease began many years ago with a slight eruption here and there on the body, after which the face began to swell, but how long ago she cannot tell. She lives with her husband and children quite isolated on a small farm.

5850. Do you think the disease has a tendency to die out through sterility, or do lepers procreate children as freely as healthy persons?—In the face of the reported cases it is difficult to give an opinion, but on the whole, I should think there is such a tendency.

5851. Is there any other method of spreading the disease; do you think it is spread through vaccination at all?—No.

5852. Have you vaccinated a large number of persons?—Yes, but I never had any case where the disease was spread in that way.

5853. What method of vaccination do you adopt; is it arm to arm from healthy children?—Yes, that way principally. I take good care to select children with whose families I am acquainted.

5854. *Dr. Hoffman.*] You would not select a child in whose family there had been leprosy at all?—No, I would not think of such a thing.

5855. *Chairman.*] Might there be a possible risk of inoculation in that way?—There might be, but I have never known of a case in my own district traceable to carelessness in vaccination.

5856. But you admit that there might be a risk?—Yes, certainly.

5857. Therefore, you would consider that the disease is inoculable?—Yes.

5858. Do you think that a person with a broken surface might contract leprosy by using a spade or other implement which had been used by a leper?—He might if the spade had been handled by a leper with abraded or ulcerating surface.

5859. In that way there would be a risk of spreading the disease, would there not?—Yes.

5860. *Dr. Dodds.*] Have you known of such cases?—No.

5861. *Chairman.*] You have never known of a single case?—No; there was the case of Father Damien, at the Sandwich Islands; he handled the lepers and inhaled the atmosphere, and only after about twelve years he got the disease; probably he had some broken surface.

5862. Do you think the period of incubation is long in leprosy?—I have no idea.

5863. Would you allow conjugal intercourse between lepers?—No, certainly not; you could prevent that.

5864. Is it necessary to prevent that in order to check the spread of the disease?—Yes, certainly.

5865. Would you allow conjugal intercourse between a leper and a non-leper?—Certainly not.

5866. You think there would be a risk of leper children growing up?—Yes.

5867. You would not consider so much the risk of the disease being communicated between the father and mother?—No; there is very little risk of that, if any.

5868. Have you ever known of any case where the disease has been contracted in that way?—No.

5869. Have you any cases to prove the contrary?—Yes, several cases, the records of which are on Robben Island. There was the case of my cook, whose husband went to the island years ago. That man is dead and his son also; the daughter is still living at Stellenbosch and she is quite free. The mother who was in my service, died at the age of 83 perfectly healthy.

5870. *Dr. Fismer.*] Do you think that leprosy might be caused by any special diet?—It is difficult to say what might be.

5871. You have not observed anything of the kind in your district?—No, nothing that you can ascribe to that.

5872. *Chairman.*] Do the people in your district use much salt fish?—They do use it but not a great deal.

5873. *Dr. Fismer.*] Do you think the disease is spread equally all over the district, or have you observed more cases in certain parts?—No, I have not.

5874. *Dr. Hoffman.*] Do you think that you have an accurate list of all the lepers in the district of Stellenbosch?—No, there are some lepers who hide themselves, especially of late, on account of the letters that arrive from the lepers to their friends, in which they complain very bitterly of their treatment. They say they are seldom medically attended and do not get sufficient food. The other day I went to see a man and his wife, and found them both lepers. I took their names and reported the matter to the magistrate, and when he sent for them they had both decamped, because they had relatives on the island who had written to them making great complaints.

5875. *Dr. Dodds.*] Can you get us one of those letters that you refer to?—I could not say, they are coloured people.

5876. *Dr. Hoffman.*] You think there are several cases at large still in your district?—Yes, people hide themselves; I know two or three cases.

5877. *Chairman.*] Are you acquainted with the present segregation Act?—Yes.

5878. You are aware that such an Act is in force?—Yes.

5879. And you know the forms of certificate which have to be filled up?—Yes.

5880. Do you think the system might be altered in any way?—I think it is quite sufficient. There have been a couple of cases which I was almost sure about, but there was a little doubt, and as I am against sending these unfortunate people to Robben Island, I always take the most lenient view that I can, and give them the benefit.

5881. Do not you think it would be better to have an additional medical certificate, as is the case under the Lunacy Act?—I think not. If a leper goes over to the island and it is found that he has not leprosy he would be sent back.

5882. But in the meantime the man has suffered the pain and grief of being put on the island?—There are some medical men who would make a mistake.

5883. You would not suggest any alteration then?—No.

5884. Would you suggest that there ought to be a probationary ward, say at the Old Somerset Hospital, for receiving all cases, which could be finally inspected before being sent to Robben Island?—I do not think that is necessary, but it could do no harm.

5885. *Dr. Hoffman.*] You think that patients are sufficiently safeguarded as things are?—Yes.

5886. *Chairman.*] As to segregation as it at present exists, do you approve of the segregation of the sexes?—Yes.

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5887. Do you approve of segregation broadly as a remedy for checking the spread of the disease?—Yes.

5888. That is the segregation of the diseased from the healthy?—Yes.

5889. You hold that the disease is not contagious, on what ground do you approve of segregation?—On the ground of heredity. I say that if you could prevent sexual intercourse, segregation would be unnecessary.

5890. Do you approve of the present method of segregation on Robben Island?—No; I think it is very wrong and it is a hardship. It is not proved that the disease is contagious, and supposing it is, it is in such a slight degree as not to justify such extreme measures and banishment of these people, many of whom would prefer death to being sent to Robben Island.

5891. How would you propose to modify the present method of segregation?—Those who have to suffer on Robben Island for the benefit of the healthy should be better treated than they are now. I think also you might have two or three different asylums.

5892. Would you be in favour of segregation on the mainland in different localities?—Yes, there might be several asylums in different parts of the Colony.

5893. What class of people would you send there?—I would class the patients according to their position in society.

5894. How would you provide for the segregation of the wealthier classes who have homes of their own; would you allow them to remain say on their farms?—If a man could manage to segregate on his farm, keep separate from the rest of the family, I would allow him to isolate himself on his farm, and keep him under observation. If he disobeyed the rules and regulations in any way, he should be removed to Robben Island.

5895. You would isolate him on his farm subject to the supervision of the local authorities?—Yes.

5896. Would you isolate him from his family as far as possible, compel him to have a separate dwelling room, and keep him as far as you could from his family while allowing him to live under certain rules and regulations to be drawn up?—Yes.

5897. And if these conditions were infringed, you would have him removed to Robben Island?—Yes; it would be his own fault.

5898. With such safeguards as those efficiently carried out, would it be sufficient to stamp out the disease do you think?—Yes, especially if you could prevent the sexes coming together.

5899. Would you send anybody to Robben Island at all?—Yes; those poor unfortunates who cannot take care of themselves might be sent there, where they would be well cared for. I know of a case at Stellenbosch where a poor man, his wife and children, all lived in one room. Cases like that ought to be sent to Robben Island.

5900. With reference to the letters of complaint that lepers were not properly treated on Robben Island, can you tell us how we could get those letters; do you know the names of the persons who received them?—The parties have disappeared altogether, and are not to be found.

5901. *Dr. Hoffman.*] If I understand you correctly, you hold that there might be a chance of contagion under certain special circumstances, as, for instance, by inoculation?—Yes.

5902. Do you think that if you were to segregate people on their own farms that would be a sufficient safeguard?—I think so.

5903. Would you have them constantly under Government supervision, and would they require to have constant attendance to see that they were isolated properly?—Yes.

5904. You would leave that to the family?—Yes; I would let them know that if the conditions were infringed the patient would be removed to Robben Island. It would be their own fault, and there would be no hardship.

5905. Do you think that would be sufficient?—Yes, quite sufficient.

5906. Would you be in favour of each district segregating its own lepers instead of bringing them all together in two or three large asylums?—I would be in favour of two or three large asylums besides that on Robben Island.

5907. Would you have any objection to each district segregating its own lepers; I am alluding to the poorer class who cannot help themselves?—I would not do that; I would sooner send them to Robben Island.

5908. *Dr. Dodds.*] What class of cases would you send to the hospitals on the mainland?—The better class who are accustomed to comforts.

5909. Without any respect of colour?—Yes.

5910. *Dr. Hoffman.*] Have you been over to Robben Island?—Never.

5911. With reference to the sexes, do you think there would be sufficient safeguard if patients were isolated on their own farms?—Yes.

5912. *Dr. Dodds.*] You would be prepared to run the risk in fact?—Some risk cannot be avoided, but the fear of being sent to Robben Island would be a sufficient safeguard.

5913. *Dr. Hoffman.*] Have you been able to treat lepers for any length of time so as to be able to speak as to the effect of drugs upon the disease?—Yes, I remember one case that was perfectly cured. This patient was about nine months under treatment, and I would still doubt the accuracy of my diagnosis were it not that his mother died of leprosy and a grandchild of his also, and it is in the family. He had the tubercular symptoms, discoloration of the skin, and every symptom.

5914. You are quite positive that he was cured by the action of drugs?—Yes.

5915. Is he alive still?—No, he lived about twenty years after he was cured; he was an elder of the church after his recovery.

5916. And you never saw any signs of the disease afterwards?—No. I often saw him and he was perfectly cured.

5917. How long had he had the disease before he came under treatment?—That I cannot say.

5918. Was it some time before?—Yes, the face was swollen and the whole body was covered with yellowish-brownish spots. It was a clear case.

5919. Have you since tried any other cases with good results?—No; I find that the patients get tired of continuing the treatment; they say there is no improvement, and then they leave off the medicine, which is a very expensive affair.

5920. They will not continue sufficiently long under treatment?—No.

5921. What was the course of treatment that you adopted?—Iodide of potassium in five grain doses three times a day internally, iodide of potassium baths, and a strong solution of the same locally.

5922. And that was successful in this one case?—Yes. He continued the treatment every day for nine months, and each day had a bath in which he remained for half an hour: there was a strong solution of iodide of potassium in the bath. I do not know how many pounds of the medicine he did not get from the chemist.

5923. And for twenty years after he was cured you say: was he under your observation?—Yes, and he showed no symptoms.

5924. *Chairman.*] Had this patient any set of symptoms which led you to suppose that he had contracted syphilis?—None.

5925. Do you recognise the presence of syphilis in conjunction with leprosy?—I have not had any cases.

5926. Were you satisfied in your own mind that the patient you speak of had no trace of syphilis whatever?—Perfectly satisfied.

5927. *Dr. Hoffman.*] You spoke of iodide of potassium baths; what was the strength of them?—I cannot say for certain, but I think about 1 lb. for each bath, but then I told him he could use the same bath for a week.

5928. Did you gradually increase the strength of the doses of iodide of potassium?—I never gave more than five grains three times a day.

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5929. *Dr. Dodds.*] You say there was nothing pointing to syphilis in that case?—Nothing.

5930. Was the man's father healthy?—I have not known the father.

5931. *Chairman.*] In view of the great success you had in that case, did you try iodide of potassium in other cases?—Yes, but without avail.

5932. Did that excite any suspicion in your mind?—The other patients never gave the treatment a fair chance; as soon as they found that they did get better they gave it up.

5933. *Dr. Fismer.*] It is a rather expensive treatment, is it not?—Yes; this was a wealthy farmer, however.

5934. Could you use that treatment for the poorer classes?—If you were sure about it you might attempt it; but that you cannot be.

5935. *Dr Dodds.*] A fair chance has never been given to this special treatment, has it?—Except in the one case. There was one case in which it failed. Some years ago a colleague from Malmesbury was going to try it on a young girl, but I think it also failed.

5936. *Dr. Hoffman.*] Do you remember the name of the colleague?—I am not quite sure. I think it was Dr. Simons.

5937. *Chairman.*] Would you segregate patients in all stages of the disease?—Yes; with the object of preventing sexual intercourse.

5938. Has the present Act given rise to any grievance in regard to working?—Yes, great grievance.

5939. The patients on Robben Island do not like to be separated from their friends, do they?—No; they would sooner consent to anything than the separation, they would not mind it so much on the mainland.

5940. *Dr. Dodds.*] Do you think the modified segregation which you have suggested would give satisfaction to those who are at present dissatisfied?—Yes.

5941. You think they would not mind being removed from their homes on the mainland, but they do object to being sent to Robben Island?—Yes; there will always be more or less grumbling about that; you cannot satisfy them.

5942. *Dr. Hoffman.*] Do you know of any self-cured case of leprosy?—I remember one case some years ago. The man had a swollen face and all the symptoms, but I lost sight of him. When I saw him some time afterwards he looked almost cured; there seemed to be nothing wrong with him.

5943. Do you know whether he had been under treatment, or was it a purely self cured case?—I do not think he was under any treatment. I am not quite sure, but I shall enquire again and let you know.

5944. *Dr. Fismer.*] You have only seen him; you have not examined him, have you?—No; but he looks quite himself again.

5945. *Chairman.*] Do you consider that a self-cured case or only an arrested case?—I should call it self-cured. It was the only case of the kind that I have seen.

5946. In what form had that man leprosy?—The tubercular form.

5947. Have you seen many anæsthetic cases?—Yes.

5948. Have you seen many arrested cases in that form?—Several appeared arrested, but whether permanently I cannot say.

5949. Do you believe that the disease is ever permanently cured?—I know of only the one case I have mentioned.

5950. Have you examined the cases minutely?—Some I have.

5951. Have you seen cases of the arrest of the disease in the anæsthetic form?—I have seen cases where persons after losing one or more fingers have continued tolerably well and hardly complained of anything.

5952. *Dr. Fismer.*] Would you consider such cases permanently cured?—Hardly, as there always remained anæsthetic spots, otherwise they looked fairly well, complaining of nothing and being able to work.

5953. *Chairman.*] As regards the working of the Act in regard to the

discovery of the disease, do not people hide themselves away sometimes?—Yes.

5954. How would you propose to improve the Act in that direction?—I do not know that you could do anything; by degrees they would be found out.

5955. Do you think that householders should be called upon to notify cases of leprosy?—Yes.

5956. Would you make it compulsory upon householders to notify?—Yes.

5957. Would you make it compulsory for all medical men to notify cases of leprosy that they have under treatment?—Yes, I would.

5958. No matter whether a medical man was called in privately or acted in an official capacity?—Yes: it ought to be compulsory, that is to say in case the Act was altered.

5959. I suppose persons hide these cases, being aware of the harsh treatment they will be subjected to?—Yes.

5960. *Dr Dodds.*] Do you think if there were proper hospitals and a modified system of segregation, people would be far less likely to hide cases?—Yes.

5961. And the difficulty of medical men having to notify would be greatly done away with. would it not?—Yes, I am quite sure of that.

5962. *Dr. Hoffman.*] How would you deal with suspected cases of leprosy; suppose a man came to you and consulted you for leprosy and you were not quite sure in your own mind whether it was so, how would you act, would you keep him under observation?—I would tell him right out that he had the symptoms of leprosy, but that I could not be quite sure.

5963. Would you make it compulsory to have a register of such suspected cases kept, so that such cases might be watched?—Yes, by the medical man.

5964. How can you deal with such a case then?—It is between the medical man and the patient.

5965. We are discussing now how the Act may be amended and improved in regard to suspected cases: you would lose sight of a man if there was not some law to make him return and report himself, would you suggest any system whereby he should report himself for observation?—I do not think you can compel suspected cases to report themselves, but the medical man may be expected to keep an eye on them and tell them that he will do so.

5966. *Dr. Dodds.*] You think that we go quite far enough in dealing with actual cases and compulsorily segregating them without interfering too much with suspected cases?—Yes; leave suspected cases alone; leave them to the medical men, and impress on them the necessity for seeing to such cases.

5967. *Chairman.*] How would you deal with lepers coming from without the Colony, Mauritius, China, or other parts of the world?—I suppose they should be sent to Robben Island, or else not allowed to enter the Colony.

5968. Would not you require to have some machinery for detecting them when they landed?—I apprehend that the medical man who visits the vessels would find out.

5969. Would you make it incumbent on the captain of the vessel to declare on his health certificate what cases he had on board?—Suppose the disease was only in the early stage, the captain would not know perhaps himself. I remember the case of a lady who had the disease, and I asked her how she got it. She told me there was no leprosy in her family, and that she had never been in contact with any leper, but she had a great horror of the disease, and one day she was in a room when in came a person suffering from leprosy; she said she could have died from fright. That was the only thing she knew.

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5970. Is the lady alive ?—No; she is dead.

5971. Did you know her family history ?—Only from herself, not from actual observation.

5972. What did she die of ?—Of leprosy at Stellenbosch.

5973. Are any of her family living there now ?—No.

5974. *Dr. Hoffman.*] In your experience, what time do you find that leprosy shows itself most usually ?—At all ages.

5975. Is there no particular age at which it is more prevalent than another ?—I do not think I have seen any cases after 60.

5976. You say that you believe the disease is spread by heredity, would you put down any time as the incubation period before which it would not show itself ?—No.

5977. Eight years of age is the youngest case in your experience I believe ?—Ten years, except that of the grandchild of J. C., who was only a few months old.

5978. *Chairman.*] In the case of the lady you mentioned just now, do you think the disease was caused from the nervous shock ?—Yes.

5979. Have you any knowledge of her family history or the conditions under which she lived ?—She was very cleanly and very particular about her person.

5980. Who attended her at the time of her death ?—I attended her.

5981. Did she live alone in the house ?—She lived in the same house with a sister-in-law and her family.

5982. Did no other members of the family come under your notice as suffering from leprosy ?—No, not one.

5983. Are there any means that occur to you for preventing unjust segregation beyond what you have mentioned ?—No.

5984. You think there are sufficient safeguards to prevent that ?—Yes.

5985. Under the working of the present Act it is necessary to have a certificate from a field cornet, a medical man and the magistrate, and those three forms are transmitted together with the Governor's warrant, do you attach much importance to the certificate of the field cornet ?—No. The only thing is that the field cornet must find the case out and report it.

5986. In the event of a field cornet refusing to certifiy, how does the case then stand ?—If a case comes to the knowledge of the magistrate or district surgeon, their certificate ought to suffice.

5987. How would you get over that difficulty ?—I would send the man on without the field cornet's certificate.

5988. You think the field cornet is not capable of judging ?—No, certainly not in every case.

5989. You would only attach importance to the field-cornet's certificate as a means of discovering suspected cases ?—Yes, that is all.

5990. Do you think the law ought to be amended in that direction ?—Yes.

Dr. Eyre further examined.

Dr. George Eyre.

5991. *Chairman.*] Have you anything to add to your former evidence ?—There are a few points which I have considered since my last examination with reference to the danger which exists of the disease being freshly introduced from India and other countries where it exists. Authorities at South African ports should be approached with a view to arrangements being made to ensure that no lepers are landed from ships arriving from countries where the disease is prevalent. For the purposes of such an inspection, it would be advisable to associate an expert with the Port Medical Officer, and to define what immigrants shall undergo this special inspection. In the event of a leper being discovered on board, permission to land should be withheld. This would ensure all possible precautions being taken by ship owners; that cases of leprosy were not taken on board at the port of embarkation.

It is, I think, advisable to allow certain cases to remain at large. In order safely to do this, definite regulations must be drawn up, based on the conclusions the Commission will come to, as to the way the disease is commonly spread, and, in addition, there should be established a system of inspection at stated intervals. This inspection might be carried out by the ordinary medical attendant or the district surgeon at the option of the patient. If the ordinary medical attendant is selected, the cost should be borne by the patient. It should be the duty of the medical inspector to verbally explain the regulations to the patient. Infringement of them might be punished by a graduated money fine for the first and second offence and by compulsory segregation for the third. Until it is proved that the disease is not contagious in certain stages, it would be unwise to decide upon the question of segregation solely from symptoms apparent. Each case should be judged on its own merits, all circumstances of social condition, education, and surroundings, being taken into consideration, with the object of determining whether it will be possible to ensure the regulations being carried out. It is probable that only among the better educated of the white population will it be possible to grant permission to the patients to live in their own houses. I do not think Robben Island offers the best available conditions for segregation. The almost complete separation from friends and relations is a very great hardship, and is unnecessary. To the great majority of patients, social intercourse has been the only amusement, and the only one for which they have any desire. They keenly feel the deprivation of this, and only very slowly become resigned to it. In my opinion, it would be better to establish hospitals on the mainland, in positions most easily accessible from surrounding districts. Under efficient administration, segregation in such hospitals could be made as complete as it is at Robben Island. I do not think that the climate of the island, its soil, or its general characteristics, exert any influence, beneficial or otherwise. I think that separate accommodation, as well as a more varied diet, might be provided for those who are willing to pay for them. A competent expert should be appointed, whose sole duty it would be to investigate the disease clinically and experimentally. Such an officer should not be hampered by any administrative duties. Where husband and wife are both segregated they might be allowed separate accommodation, provided the wife is past the child-bearing period. Similar arrangements might be made for parents and children, the condition being the possibility of exercising strict supervision over the visits of friends and relations. The worst cases should be kept separate from the others, both for the convenience of nursing and also to promote as cheerful a frame of mind as possible among the more slightly affected. Separate accommodation away from the leper hospital should be provided for cases where the diagnosis is not certain, but the same restrictions should be enforced as with the ordinary patients. Visitors should only be permitted to see their friends in the wards or in an enclosure round the hospital, from which it would be impossible for them to wander unknown to the attendants. Such an enclosure, provided with shelter from the weather, would be an advantage, as it would afford sufficient privacy, while allowing efficient supervision. The present certification of lepers is insufficient, I think. A certificate signed by the magistrate, the district surgeon, and one other medical practitioner should be necessary, such certificate to set forth in detail the history of the patient, the symptoms of the disease present, the names of the members of the patient's family, and the nature of his surroundings. Discipline might be enforced by the cutting off certain extras of diet, such as sugar, butter or tobacco, and, in the worst cases, by solitary confinement. I believe that these penalties will be sufficient to maintain good order. It should be compulsory for every medical practitioner to report to the magistrate of his district, or to such central authority as shall be constituted, any case coming under his notice.

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Suspects should be compelled to report themselves periodically to the district surgeon, and, in the event of their neglecting to do this, they should be segregated provisionally in the probationary ward at Robben Island. Lepers belonging to other States should be sent back to be dealt with by their own Government. To prevent the possibility of unjust segregation, it is advisable to appoint an Examining Board, some of the members of which should be experts. Before this Board all lepers should appear, accompanied by the necessary certificates, and the Board should then decide finally how they are to be dealt with.

5992. With reference to segregation, scientifically speaking do you believe that it is carried out from the fact of having an establishment on Robben Island ?—I believe that a great many cases are not discovered, and are still about the country instead of being segregated.

5993. Is there not considerable communication with the mainland on account of friends and relatives visiting the leper patients ?—Yes, but in my time they were not allowed to wander about the island.

5994. Then you cannot say that because the lepers are on Robben Island therefore they are really segregated, can you ?—No. Special arrangements are necessary in order to make segregation scientifically complete even on Robben Island.

5995. *Dr. Hoffman.*] Do you think that Robben Island is as healthy a spot for lepers as the mainland ?—I do not think the climate exercises any prejudicial influence.

5996. Do you think it is bad for the eyes in any way ?—I do not think so. What they complain of with regard to their eyes is a leprous affection which they would suffer from on the mainland as well. About 20 or 30, if I remember rightly, out of 80 had leprous affection of the eyes.

5997. Do you think the glare and the sand affect the eyes prejudicially at all ?—I should not think so.

5998. Do not you think the fine sand is bad for the eyes ?—I think there is as much dust on the mainland during a south-easter as there is on Robben Island.

5999. Do you find that the climate of the island has any prejudicial effect on chest complaints ?—I have never noticed it.

6000. *Dr. Herman.*] During the time you were on the island did the mortality among the lepers strike you as at all high ?—It was certainly higher among the lepers than among any other section on the island.

6001. We are told that last year's mortality was 20 per cent., can you account for that in any way ; you have visited the island recently, I believe ? —I have not been on the island since I left there.

6002. Would you regard 20 per cent. as high ?—It is high. I am certain it was not as high as that among the lepers when I was there.

6003. During the period of your incumbency was there any outbreak of typhoid fever or zymotic disease ?—There was one case of typhoid fever during the time I was there.

6004. Is typhoid fever endemic on the island ?—I should say so ; there have been several epidemics there I believe.

6005. Do you trace that to bad sanitation or to any peculiarity affecting the island itself, such as the water supply ?—It is most likely connected with the water supply.

6006. *Dr. Dodds.*] Was not sanitation very bad in a row of cottages called " Typhoid row " ?—It was very bad in what is known as "Irish Town," there is practically no sanitation at all there as far as I remember.

6007. *Dr. Herman.*] Was any attempt made to investigate the origin of the case of typhoid ?—No, none whatever. That case is recorded completely on Robben Island.

6008. Would you regard the outbreak of a zymotic disease of that class in an establishment devoted specially to cases of lunacy and leprosy as very

unusual and extraordinary?—Yes. You would expect the drainage in such an institution to be perfect, and that such outbreaks would be well nigh impossible.

6009. As a matter of fact the drainage is very imperfect and deficient, is it not?—Yes. When I was there there was practically none.

6110. Do other diseases due to bad sanitation affect the inmates of the leper institution at all to your knowledge; have you any reason to suppose that the occurrence of diarrhœa among the lepers was to some extent at all events due to the bad sanitation?—I aways set that down to the special weakness that the lepers were subject to. Diarrhœa was a special symptom in so many cases that I never attributed it to bad sanitation.

6111. You have no reason to suppose that it had any connection with the food, water or milk?—No. I do not think so. I never traced any such connection.

6112. Have you any remarks to offer with regard to the occurrence of leprosy in the different internal organs; which organs are most frequently affected, and in what sequence?—I think that the lungs are most frequently affected, in fact I am sure they are affected with true leprous nodules.

6113. Have you made any post mortem examinations?—Yes, a good many.

6114. Could you supply us with any records of those?—Yes. They are all carefully recorded.

6115. *Dr. Dodds.*] Were not they tubercular nodules?—That is a very difficult question to answer.

6116. *Dr. Herman.*] Is there any reason to suppose that the occurrence of diarrhœa has any connection with the food?—No, I never traced any such connection as that.

6117. Are the lepers sufficiently supplied, do you think, with such medical comforts as milk, arrowroot, and eggs?—They were in my time. I think if any extra medical comfort is ordered there is no difficulty at all in obtaining it.

6118. In any of the cases under your care, did you investigate in what way the leprous poison found an entrance; could you say for instance that such and such spot was the starting point?—No. I do not think you could do that; the infection was general because in a very large proportion of cases the first symptom noticed was an eruption showing that the whole system was affected.

6119. Did you ever see a case sufficiently early to be able to localize any particular spot as the starting point?—No, I never did.

6120. Have you formed any opinion as to what way the leprous poison spreads, whether there is a general infection, or whether it gains an entrance at any particular spot or any particular organ?—Judging from the fact that so many cases have been traced to lepers wearing the same clothing, I should think it was most likely that the poison entered through the skin.

6121. Have you any reason to suppose that it could enter through the lungs; in any of your cases did you observe the lung symptoms very early?—No. It was very seldom that the lungs were affected at an early stage, it was generally at a very late stage in the disease.

6122. Are there any peculiar characteristic symptoms of leprosy affecting the lungs that led you to suppose it was leprosy before making a post mortem examination?—I think not; the symptoms as far as I remember would be very similar to those of phthisis where the lungs were affected to any extent.

6123. Can you tell us what in your opinion is the earliest outset of the disease; what was your practical experience of the earliest case you saw?—The earliest symptom that I recognized was a rash; sometimes that occurred before any other symptoms.

6124. What kind of rash was it?—A slight reddening of the surface

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in patches, sometimes large and sometimes small. I have seen them from the size of half a crown to larger than my hand, and they were raised as a rule: you could trace them by passing your hand over the surface of the body, and they were very often covered with very fine scales.

6125. Was the centre depressed?—There was generally a raising of the surface. I have seen on Robben Island that rash begin and die away again.

6126. What pre-existing symptoms were there?—I think there were tubercles on the face.

6127. Did you recognise any antecedent stage of the eruption?—In the history of many of the cases the patients stated that the eruption was the first thing that they noticed, before any other symptoms appeared.

6128. Is it not the case that the symptoms of leprosy being so much objective the antecedent stages have not been sufficiently investigated, and that there are probably some antecedent stages which have not been noted; have you found any such?—The earliest symptoms that the patients have noticed have been general feverishness and a rash.

6129. Is there always a rash?—In a very large proportion of cases. On Robben Island I got distinct histories of a rash in 17 cases out of 81. The eruption was the first symptom noticed by the patient.

6130. I suppose at the present time you have no recollection of what particular kind of eruption was first noticed, whether it was erythema, or a bullous eruption?—I do not remember distinctly what description the patients themselves gave of it when they first noticed it.

6131. Does the early eruption vary in the different forms of tubercular and anæsthetic leprosy?—I think in certain anæsthetic cases the eruption is not raised and it is not reddened, but consists, in black cases especially, of the discharge of the colour from the skin, leaving lighter coloured patches over the body. I remember there were some who described the first eruption in that way. There might have been an earlier stage which they did not notice; it would not be so easily noticeable in black people as in white.

6132. *Dr. Dodds.*] Do you think that a ward for doubtful cases ought to be established on Robben Island or at the Old Somerset Hospital?—I think it would be much better at the Old Somerset Hospital.

6133. *Dr. Herman.*] Do you think that lepers ought to be kept at the Old Somerset Hospital at all, looking at the nature of the institution, which is really a workhouse?—The Old Somerset Hospital would be much better than Robben Island for the purpose, but some other place on the mainland would be better still.

6134. Do not you think the Old Somerset Hospital is a most objectionable place to put lepers in at all?—If patients are only passing through to Robben Island, I think the Old Somerset Hospital would do quite well

6135. Is it not practically impossible to isolate the disease in such an institution as the Old Somerset Hospital; and is it possible to provide accommodation for male whites and male blacks, female whites and female blacks, for classification?—I do not know what the accommodation at present is there, but I see nothing in the nature of the Old Somerset Hospital to prevent lepers staying there for two or three days.

6136. *Dr. Dodds.*] You think that proper arrangements might be made?—I think so, provided that the patients are there only for a limited time.

6137. *Dr. Herman.*] It is in evidence that cases have been at the Old Somerset hospital for a considerable time, and one man died there: are you aware of that?—That is the fault of the administration I should think.

6138. For the chronic sick I take it that a large staff of doctors, nurses and attendants is not needed, but if you introduce a series of cases of leprosy needing study and investigation, what advantage is there?—It all depends upon the time that you are going to keep cases there.

6139. Do not you think that probationary cases under observation need very much more attention and study than is possible at the Old Somerset Hospital under present conditions?—All the attention and study would have to be done by the medical man in charge, or by such medical men as are deputed to undertake the investigation. It would not rest on the attendants at the hospital to furnish any information in cases where the disease was at all doubtful; that would have to be done by the medical officer in charge or by other medical men.

6140. You would want the lepers to be carefully kept apart from all the others, and the leper hospital to be completely isolated and at a distance from the other, would you not?—Yes.

6141. Would it not be difficult to add that to an establishment already difficult to manage, besides which, there are not sufficient beds, no water-closets (they have to use buckets placed in the wards), and no airing grounds. We found in one case that a woman was placed in a room hardly bigger than a packing case, with no airing ground at all, and there are no warders and no attendants apparently except those who attend to the chronic sick, and all the cooking is done in the general kitchen; do you think under these circumstances lepers should be kept at the Old Somerset Hospital?—No. If they were kept there special arragements would have to be made.

6142. *Dr. Dodds.*] If accommodation was required for four male and four female lepers, would it be possible to make arrangements for observing that number at the Old Somerset Hospital do you think?—I think it would, provided it was arranged for them to be kept entirely separate from the other patients in every way, and separate attendants were provided. I do not then see any objection to the Old Somerset Hospital being used for a limited time.

6143. *Dr. Herman.*] Your idea would be then to have a leper hospital attached to the Old Somerset Hospital?—Yes.

6144. *Chairman.*] Would you be in favour of re-arranging in some way the Old Somerset Hospital so as to make it suitable for probationary male and female wards?—If it was finally decided to use the Old Somerset Hospital as a probationary ward, that might be done, but another institution would be much pleasanter.

6145. What sized building do you think would be sufficient to be used as a probationary or receiving house?—A building to accommodate about ten patients, but you would have to separate the whites and blacks.

6146. What number of attendants would be required?—You would want a superintendent who could also do any necessary nursing for a short time when patients were there; also a female attendant, a cook and a boy.

6147. *Dr. Dodds.*] Would such a place be used as a receiving house for lepers in transit?—Both as a receiving house for lepers in transit and as a place for observation.

6148. You would not want more accommodation than ten beds you think?—I have already recommended that a separate institution should be established for suspects, and if that was done, the place in Cape Town would be purely a receiving house, nothing else.

6149. If there were leper hospitals on the mainland, would there be any difficulty in working them?—No, none whatever.

6150. Do you object to massing lepers in one large institution as is being done at present on Robben Island?—No; I think large institutions are much better than smaller ones.

6151. Is it advisable do you think for the Free State lepers to be brought down to this part?—No. I am distinctly of opinion that it is not; it would be much better to segregate them in the Free State near their own friends. I think they are a good deal distressed when they come down here.

6152. Do you mean on account of their health?—I think their health for a certain time suffers when they come down here, but they get acclimatized I should say. The advantage of having them segregated in the

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Free State would be that they would be within reach of their friends. I think that efficient segregation could be carried on in the Free State quite as well as down here.

6153. *Dr. Herman.*] Why were these Free State lepers expatriated? —There was no means of dealing with them in the Free State and the matter was recognized to be urgent. There is no leper hospital whatever in the Free State. They have got some lepers there now, segregated in tents, waiting until there is accommodation for them down here.

6154. *Dr. Dodds.*] Could you say what is the feeling on the matter at Bloemfontein?—I think the Bloemfontein people would much rather the lepers were sent to Robben Island so as to relieve the country of them.

6155. Do you know of any white lepers from the Free State?—Yes: I have examined some of them personally.

6156. Have they been sent down here to your knowledge?—I cannot say. Dr. Savage says that there are 200 lepers in Basutoland more or less. He was the principal medical officer in Basutoland and had to make a special official investigation of the matter for the Basutoland Government. His report is published in the *Medical Journal.* I believe there is a special article by Dr. Savage himself. You could no doubt get his official report.

6157. *Dr. Herman.*] What do you think is the incubation period in leprosy?—My opinion when I was on Robben Island was that it varied from six months to about two years.

6158. Is it sometimes as long as two years do you think?—Yes.

6159. Some authorities state it to be rather longer, do they not?—I do not know.

6160. Are you aware that one authority says that it may be 40 years; you think that an incubation period of two years is not beyond the bounds of scientific possibility?—I think it is unlikely; of course the first symptons may not have been noticed, the first symptons may be only a rash which may disappear, and a year may elapse before it appears again or any other more prominent symptoms.

6161. Is not leprosy peculiar, the early symptons being largely objective and not easily recognized?—Yes: the early symptoms are very often never recognized.

Cape Town, Tuesday, March 6th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, ,, Fismer, | Dr. Herman.

Dr. Impey further examined.

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6162. *Chairman.*] Can you suggest any alteration in the present system of segregating the male and female lepers on Robben Island: the present female leper compound is small, is it not?—Yes, it is very small, in fact I think it will have to be enlarged in order to provide accommodation for a couple of additional wards.

6163. Would you recommend that the compound be increased in size?—Not to a very great extent. I think the difficulty of protecting a large compound would be very great.

6164. Do you refer to the sentries on watch at night?—Yes. I am afraid if there was a large compound we should have to engage a large number of sentries to watch it.

6165. What is the number of sentries now?—There are three now on duty at night.

6166. *Dr. Dodds.*] Have you found much difficulty in protecting the present compound?—No, not very great difficulty. There has been one instance where men got over the fence.

6167. *Chairman.*] What men were they?—Three leper men got into the compound at night.

6168. How long ago is that?—It is more than a year ago. Since that time they have not attempted anything of the kind at all.

6169. How were those men subsequently dealt with?—They were punished by the magistrate.

6170. *Dr. Dodds.*] Have there been any unsuccessful attempts to get into the compound?—Not that I know of. I think the very fact of the constables being there keeps them away, and it is rather difficult to get over a barbed wire fence. It is not at all an easy matter.

6171. *Dr. Fismer.*] Did the men who were punished get over the fence?—Yes.

6172. Is there any possibility of getting underneath it?—They could do so by digging away the sand, but I always have the sand kept up to to the level of the fence as far as possible. The strong wind blows the sand away and it has to be looked to from time to time.

6173. Did these men have connection with the women?—They say so, but with no results.

6174. *Dr. Dodds.*] Are the women ever found out in the compound at night?—Occasionally they leave the wards, but very seldom; they are supposed to be in bed by nine o'clock when the lights are put out.

6175. Is there anyone to report such a thing as that?—There are three constables outside and they would report it; there is a book in which they enter any occurrence.

6176. *Chairman.*] Under whose supervision are the three guards?—Under the supervision of the magistrate.

6177. Are they inspected at night while on their rounds?—No, I think not.

6178. Are there always the same three men, or are they changed?—They are changed.

6179. How often?—Every day; the same constables never go on duty twice in succession. We have just applied for additional inspectors for the night work.

6180. Have you felt the need of that?—I think not; as an additional safeguard I think it is not necessary. If the men themselves require watching, is is better to get rid of them and have trustworthy men. To get additional inspectors for only three men seems rather absurd.

6181. *Dr. Dodds.*] Are there any reports brought to your notice?—Mr. Jones has direct charge over the guards and anything unusual he brings to my notice. There has only been one instance in which anything has been brought to my notice.

6182. *Chairman.*] As to the female lepers what is the staff there?—A female leper matron and assistant, and a messenger boy, son of the matron and three guards.

6183. Who does night duty?—Nobody; there is no night attendant. The matron does not want any more assistance; we have got authority to provide additional assistance if it is required.

6184. Does the matron consider that she has enough?—Yes.

6185. What is done in the case of illness at night?—There are leper nurses; all the work is done by the patients.

6186. Is the matron called at night if she is wanted?—Yes.

6187. What is the staff on the male side?—Besides the medical

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superintendent, there are ten attendants, a night attendant, two cooks, and two nurses.

6188. Are there any cooks for the female lepers besides the patients themselves?—No, the work is all done by the patients themselves.

6189. How many patients are there on the female side ?—210 I think.

6190. And on the male side ?—340.

6191. *Dr. Dodds.*] Are there any guards on the male side ?—There are two guards in the day time to watch the boundary line between the village and the asylum, and two at night. Then in connection with both wards there is a laundry, with a stoker and engine driver.

6192. Who does the mending of clothes in the leper settlement ?—The patients do it themselves. There are tailors and shoemakers. A special shoemaker has just lately been appointed for the leper wards.

6193. Where is his shop ?—At No. 3 pavilion.

6194. Is there any connection with the village ?—Absolutely none at all. The only time that a leper enters the village is on a special order from myself. Sometimes I give an order for lepers to meet their friends at the boathouse.

6195. *Chairman.*] Is that by a special permit ?—Yes, the constables are not allowed to let any leper pass the boundary without a permit from me.

6196. Are there certain days for visitors to go over to the island ?—Yes. Up to within about six months there were no days fixed ; every boat day was a visiting day. I found, however, that there were too many visitors landed, so I limited the number of visiting days to one, namely Monday.

6197. Do you allow special visiting days in case of emergency ?—The visiting day on Monday is for all those who live in Cape Town ; those who live in the country away from Cape Town beyond Wynberg and Durban Road are allowed to come on any other day.

6198. What other day can they come ?—Wednesday or Friday.

6199. Do all the visitors obtain permits in Cape Town ?—No ; they obtain permits from me.

6200. Can any member of the public constitute himself a visitor on visiting days ?—We allow the lepers to have 30 visitors on each visiting day.

6201. Supposing that 300 came ?—They cannot come ; only a certain number of permits is issued.

6202. Can people get these permits in Cape Town ?—No ; they do not get them in Cape Town at all. The patients ask me for permits, and we keep a register of all the permits issued, consequently we give each patient a turn. These permits are posted to their friends, and they come over on the day appointed. If they do not come on the proper day, the ticket is of no avail.

6203. In that way you get to know the people who are connected with the lepers, do you not ?—Yes, pretty well.

6204. I understand that visitors cannot go over indiscriminately from the mainland, saying that they desire to see so and so ?—No. Unfortunately I think there are some doubtful characters among those who come over. Of course, it is a very difficult matter to find out, but I hear that such is the case.

6205. Do you adopt the precautions you have mentioned with a view to lessening the risk of anything of that kind occurring ?—Yes.

6206. When visitors come over, do they land on the beach ?—Yes ; the first thing they do is to go up to the office for a permit to visit the leper wards. I used to give all these permits myself, but I found there were so many that Mr. Jones now signs and issues all permits for the leper wards, and I issue the others. I am not now referring to passenger permits, but to passes allowing visitors to enter the leper compound. I may say that I allow deserving men to have a pass occasionally to go down to the boathouse to meet their friends. I issue generally three or four a day. With these permits the visitors are allowed to visit the wards.

6207. Can they go through the wards, dormitories, and so on ?—They are supposed to visit only in the day rooms, but in exceptional cases the nurse or attendant in charge can allow visitors to see patients who are bedridden in the wards.

6208. Are any instructions given to the nurse or ward attendant to report to you; how do you guard against visitors wandering about through the whole of the buildings; I am speaking of the male leper wards only ?—It is a most difficult thing to regulate. As soon as they get into the leper settlement, they can do pretty well what they like. There are always attendants and nurses in the wards.

6209. Do the visitors bring presents to the patients ?—Yes; all kinds of small things, sweets, cakes, and fruit. I am afraid that some of them smuggle. I do not think they bring liquor so much, but they bring dagga. Somebody smuggles dagga. I do not know where the patients get it from; it is difficult to find out. They have smuggled liquor too.

6210. Have you found that out from the effects on the patients after visiting days ?—Yes; there have been two or three cases of intoxication on the island among the lepers, and liquor must have been smuggled.

6211. Do the lepers themselves consume all the articles they get from visitors ?—I think so.

6212. Do they never make presents to their visiting friends again as a sort of little compliment; say, for instance, that a leper received some oranges or other fruit, would he be likely to give some back to his friends when they left ?—No; but I know of instances where they have given away Government clothing.

6213. Is it possible they might give away other things as well ?—Yes. I may say that there is a considerable traffic between the mainland and the island in boxes of fruit and so on which the lepers receive. There is a very large amount of fruit sent over. One white man receives about five or six large boxes of fruit every boat day; he is not a paying patient, but he is a favourite; he never eats it; he makes £4 or £5 every boat day, I believe; a very good trade. Things of this sort fill up the boat to the prejudice of other cargo, as each leper wants something. I do not mind their getting articles over, but unfortunately some of them try to smuggle things away from the island. Only a few days ago my attention was drawn to some heavy boxes going away from the leper wards. I went down to the boathouse, and on opening one of these boxes I found a quantity of salted meat.

6214. How did they come to get salt meat; would you infer that they got fresh meat and salted it ?—Yes.

6215. Salt meat is never issued, is it ?—No. I have been making enquiries, and I found out that the man thus trying to send meat away was one of the ringleaders in all the rebellions, he is a very bad character. It appears that on certain days of the week patients are provided with soup. The cook came to the superintendent and said there was too much meat for the soup (I may say that all the necks are sent for soup) and he asked what was to be done with the surplus necks. The superintendent said they were to be given to the patients, and I think this man had been buying up these necks and got the meat in that way. I am not positive about it, but Mr. Jones is investigating the matter now. It shows that we have to be very careful in examining boxes that are sent away. In another box I found all manner of things such as lemonade bottles, matches, biscuits, &c., these were sent by a female. I wrote to her and she explained the matter satisfactorily to me afterwards. She is a paying patient, and it appears that she is entitled to draw 30s. a month in addition to the ration of meat and bread. She finds that she can out of this 30s. save a little, so she buys things and sends them to her friends. She finds for instance, that her friends on the mainland do not get sardines, so she sends them some. She

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promised never to do such a thing again, and said she did not know that she was infringing the rules.

6216. Where did she buy these things?—She got them from the store.

6217. That patient spends 30s. a month on whatever she likes?—Yes; the matron writes out a requisition for her. I mention this to show that there is great difficulty in preventing the patients sending things away from the island.

6218. Is it a customary thing to find packages returned from the island as empty, which are really not empty?—Yes; they try to smuggle things away.

6219. How much meat did you find in the box?—About 15 to 20 lbs. I did not weigh it. I had it destroyed.

6220. *Dr. Dodds.*] Is there any shop where the lepers can buy things?—Yes.

6221. Is it kept by a leper?—No; it is kept by the chief boatman. He had a shop in the village, and to assist the lepers I advised the Government to allow him to put up a little shop in the male leper settlement.

6222. Is there any shop for the female lepers?—No; whenever the males visit the females they get commissions from the latter to buy things.

6223. Does he sell to the lepers?—Yes.

6224. Have you never found any difficulty about that?—No; the lepers do not enter the shop; the chief boatman's wife serves in the shop. Formerly, before this shop was established, she went up in the trolly with a supply of things to the settlement in the morning, and sold from the trolly. Now, there is the little shop which is open on certain days and at certain hours. I want the Government to let one of the lepers look after it. There are some trustworthy men, and it would be much more satisfactory.

6225. *Chairman.*] At what hour is the visiting at the male leper wards concluded?—The visitors must be back in time for the boat at four o'clock.

6226. Do the lepers go to the boathouse with their friends?—If they have passes.

6227. These passes, I understand, are a sort of privilege for good behaviour?—Yes.

6228. What number come down to the boathouse?—About six, very seldom more.

6229. And they are allowed to see their friends off?—Yes.

6230. After that, do they return to their wards at once?—Yes.

6231. They see their friends in the day room?—Yes; between half past eleven and half past three.

6232. During that time have they free intercourse with each other?—Yes.

6233. Can the patients walk about the island with their male friends?—They should not do so, but I believe they do, because it is very difficult to find the lepers sometimes when I go there in the morning; they are strolling about the island somewhere, and you cannot tell who are lepers and who are not.

6234. Suppose some visitors came and found the patient they wanted to see was out, they would naturally go about the island to look for him, would they not?—I think on visiting days the patients generally remain as near as possible to the wards in case friends should come. There is nothing to prevent the male lepers and their friends strolling about the island. The visiting of friends is a very difficult matter to regulate, and I do not know how to act. We have 353 male leper patients, and suppose 15 females come over, it is very difficult to keep them from going about the island.

6235. *Dr. Dodds.*] Suppose only a certain number of friends visited the island each boat day, and they saw the patients in a separate room,

one or more attendants being present, would not that answer?—There is this difficulty, a large number of the patients are bedridden.

6236. Are there any instructions to visitors as to what they are to do and what they are not to do?—Yes.

6237. Practically, is there anyone to report to you if these instructions are not obeyed?—Any misdemeanour is reported to me.

6238. Do the patients kiss each other and shake hands with one another, whether they have sores or not?—Yes, we cannot stop that; they do not believe the disease is infectious at all.

6239. If the visits were made in one room, could not a check be put on these things taking place?—I do not think so. I do not see how you can prevent them shaking hands, and so on. It is easy enough to make a regulation, but another thing to carry it out. It is a serious matter, and I do not know what to do about it; it has worried me a good deal.

6240. Is there anything in the shape of disinfectants at hand so as to bring home to visitors the fact that contact with lepers is looked on as a very serious thing?—No. I have not adopted that plan at all; it might be an advisable thing to do.

6241. Is there any place for visiting friends to wash their hands in?—No.

6242. Do the visitors take their meals on visiting days with the lepers at all?—Not in the wards; sometimes the patients and their friends picnic together outside the wards.

6243. *Chairman.*] Are the female visitors allowed to go about the island?—Yes; but it is generally known what passes have been given out, and what friends are expected.

6244. In spite of precautions it would seem that bad characters do find their way over to the island?—Yes, there has been considerable difficulty with regard to the visiting regulations.

6245. *Dr. Dodds.*] Could not there be special rooms for receiving visitors in?—A visiting room at the boathouse would be a good thing, and they should not be allowed to leave the neighbourhood of the boathouse at all.

6246. Would it do to have a visiting room near the boundary line?—Yes, except for the bedridden cases.

6247. That at all events would lessen the danger, would it not?—Yes.

6248. *Dr. Fismer.*] Do the visitors ever take their meals with the lepers?—The rule is that friends are not allowed to visit during meal time.

6249. Has it come to your knowledge that visitors have stayed on the island over night?—Yes. In exceptional cases I allow them to stay overnight.

6250. Where do they stay?—If a person comes say from Kimberley or a long distance, he might be allowed to stay over from one boat day to another. A man came from Caledon two days ago, and the Rev. Mr. Watkins gave him a room in his house to sleep in.

6251. Must they have a special permit?—Yes, it is really against the rules to allow anyone to stay over, but it is very hard if a man comes from a long distance, say Johannesburg, to be able to see his wife for instance perhaps for only for a few hours. I have told them in such cases that I could not give them permission to remain over, but if anyone asked them to stay over they could do so. The Rev. Mr. Watkins has frequently given a room in this way, and sometimes female visitors have slept at the nurses' quarters, so that friends could remain over from one boat day to another. They never stay in the leper wards. I do not allow visitors to stay over on the island unless the person providing the accommodation can be trusted to look after the visitor at night. Nearly all the visitors hitherto have been put up by the chaplain.

6252. *Dr. Dodds.*] Can you furnish the Commission with a copy of the visiting rules?—Yes; when I went to the island, I wrote out a long list of rules, and I wished to enforce them, but the Colonial Office seemed rather

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adverse to them. I am myself much in favour of such rules; we are going now upon old rules, which are not applicable now. The new rules are not approved of.

6253. *Dr. Herman.*] In the case of a leper's wife coming over to the island, would she be allowed to remain with her husband for any length of time?—Not except under observation, but there are no special attendants to watch them.

6254. Could they go about the island?—They may do so; there is nothing to prove that they do not do so, but I do not think they go about much.

6255. Do any bad characters come over?—There used to be very bad characters coming over, and I have reason to believe that they went to the back of the island towards the beach. I tried to stop it by refusing passes; but I believe that healthy females used to have connection with the diseased males. Of course, it is a very difficult thing to detect women of immoral character sometimes.

6256. Do you think that such a practice has led to any increase in the cases of leprosy in Cape Town?—I think not; we have not had any cases back again, at any rate.

6257. Do any of the female lepers go down to meet the boat when it arrives?—No; they are never allowed out of the compound at any time except under the supervision of the matron or her assistant.

6258. Do male and female friends visit the female patients?—Yes, twelve visitors are allowed once a week; thirty are allowed between the male and female patients.

6259. When they arrive where do they interview the female patients?—In the day room or under the verandah.

6260. Can they see the bedridden patients in the wards?—Yes.

6261. Can the female patients go outside the compound at all?—No; except they walk out with the matron; they are not allowed outside on visiting days under any conditions.

6262. Do the friends bring them provisions and little things as presents?—Yes. There is one Malay woman, and her husband supplies her with food; they object altogether to the food given to Christians, so she is almost wholly supplied by her husband; she will not eat anything that we supply her with.

6263. Do the same conditions apply generally to the females as to the males with regard to giving little presents to friends?—Yes. In the female wards I find that they send presents away.

6264. Do they ever give clothes away?—Yes, there have been cases.

6265. Do you mean clothes that have been worn?—These were new clothes. Worn clothes may be sent away; they do disappear occasionally. There was a case of a man who sent a pair of trousers away only a few days ago. I am certain that smuggling is going on, but it is difficult to check it. In Dr. Ross' time, visitors I believe used to tie bladders full of brandy round their bodies and thus smuggle it to the lepers.

6266. *Chairman.*] Have you ever found cases of drunkenness occurring among the patients after visiting days?—Yes.

6267. In the male or female wards?—Only in the male wards. Some of the men a few weeks ago were intoxicated.

6268. How do you deal with such cases?—We cannot deal with them at all; we have no power.

6269. How do you mark your sense of displeasure?—In the case of one man I would not allow him for three months to send away or receive anything, and I told him that in future he was not to have any parcels sent to him from the mainland, as I thought he was smuggling. The consequence was that he wrote a letter of instructions to the person who supplied him with articles and they were sent in the name of another patient, so that he got the things all the same. It is very difficult to know what to do.

6270. How did you find this out?—The man owed the woman who supplied him with the things some money, and she wrote to me about it, which brought out the whole matter.

6271. Do the women as a rule receive visitors under constant supervision, within the compound, and in the day rooms only?—Yes.

6272. *Dr. Dodds.*] Is the supervision constant?—As far as possible it is.

6273. *Dr. Herman.*] How do you arrange the supervision?—There is only one day room in which they receive visitors, except it is a bedridden case, and they must see their friends there.

6274. *Dr. Dodds.*] Have you got over the difficulty you complain of on the female side?—Yes, to a certain extent.

6275. *Dr. Herman.*] How many attendants are there in charge?—The matron and an assistant.

6276. Can these two women be everywhere at once?—No, but all visitors are received in the day room unless the patient is bedridden.

6277. Then practically two persons supervise seven wards?—Yes.

6278. So that if there are visitors in all the wards, they cannot supervise them, can they?—No, it is impossible.

6279. Therefore the supervision is rather irregular, is it not?—Yes; some new system I think ought to be adopted.

6280. How many of the leper women go out for a walk with the matron?—A few at a time, twenty perhaps.

6281. During that time is there anyone in charge of the compound?—Yes, there is the matron's assistant, one is always in charge.

6282. Is the matron capable of managing say twenty leper women when they go out for a walk?—They keep together like a school.

6283. Do they ever attempt to exceed their limits?—No; the privilege would be stopped if they did so; they do not as a matter of fact.

6284. Are they sometimes very unruly?—Yes, I have seen them unruly.

6285. Has the matron control over them?—When the Commission came over recently they were very troublesome; I never saw them abuse the matron before. She does not take them very far for a walk, just down to the beach perhaps, not towards the village at all.

6286. Do you think the women have sufficient exercise and sufficient scope for recreation?—They do not care much about exercise; they have as much as they want and they seem on the whole pretty robust and able-bodied. In the male leper wards the work is all done by paid men, but in the female wards the work is all done by the lepers themselves.

6287. *Chairman.*] Have you any suggestions to make that would improve the visiting conditions on the island?—I have suggested to the Colonial Office that passes should not be given out on the island at all but given out at the Colonial Office or some office on the mainland. I believe that the persons for whom passes are sent do not always receive them, but other persons come with these passes. A patient, for instance, comes to me and says he wants a pass for so and so, but all the while someone else uses it, and that cannot be checked. We are limited to 50 passes for each boat and occasionally more than 50 come, so that they must come with old passes and alter the dates. If a person does not come on the day that the pass is made out for, he cannot use it. I think if the matter was regulated at the Colonial Office and I sent in a list of names for whom passes were required, it would be much more satisfactory.

6288. Do you think it would also relieve the medical superintendent from any suspicion of favouritism to the patients?—I think it is rather a good thing to have a little favouritism in that way; we only favour those who behave themselves: we do not give passes to those who are troublesome.

6289. Have you any other suggestion?—It might perhaps be a good

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thing to have a visiting room near the settlement, but quite independent of the wards, a kind of hall.

6290. Would you restrict such a building to the use of visitors to the male lepers?—Yes.

6291. Do you think that would prevent them roaming over the island?—I do not think it would prevent it, but there might be a guard to watch the visitors.

6292. *Dr. Herman.*] Is it not advisable to stop so much intercourse with lepers as takes place apparently on visiting days?—I think it is very advisable, but it is most difficult to do, they will shake hands and kiss each other.

6293. *Chairman.*] You think that if there was some central hall or room where visitors could be received it would be a good thing?—Yes.

6294. *Dr. Dodds.*] Were it understood that if visitors kissed the patients and so on they would not be allowed to come again, and if there were appliances for washing and disinfecting, do you not think it would lead people to appreciate the risk they were running, and lead them to observe certain conditions?—You might perhaps educate them up to that, but it would be very difficult; they will not believe there is any danger at all.

6295. Is the time of the visits limited in any way?—Friends are supposed to visit the patients from half past eleven till half past three, but they are not allowed to remain in the wards during meal hours.

6296. *Dr. Herman.*] With the exceedingly small staff of attendants that you have, is it not practically impossible to say that visitors are not present during meal hours?—They are not allowed to be; of course they are round about the wards.

6297. You do not think any of the visitors take their places with the lepers at the table while they are eating?—I think not; they could not do it but I do not think they would attempt it even if they could. The only danger is where the males take food with the visitors in front or at the back of the wards, which they are very fond of doing.

6298. Do you find that the lepers give their friends fruit and food?—The friends give the lepers things; the latter have not much to give except what is brought them by visitors, and they share these together.

6299. *Chairman.*] Do you think with regard to the female lepers that they might have a room specially set apart for receiving visitors in?—Yes, I think it would be very satisfactory; it might be in the enclosure.

6300. *Dr. Herman.*] In the female ward there is one lady with two children, a paying patient: I suppose a good many friends come over to see her at times; is any attempt made to warn them of the risk of contagion?—Yes; we warn them.

6301. Is it not to be supposed that she would give them little things while they are there and prepare food for them?—No; I think the visitors might probably give things to her.

6302. Has that lady a healthy child with her?—Yes.

6303. Is the matron a married woman?—Yes.

6304. Does her husband live with her?—Her husband is in Germany.

6305. Does her son, who acts as messenger, live with her?—Yes; he is about ten years of age.

6306. Has she any other children?—Yes, four altogether. They do not all live with her, only the son. The other children often see her; they live on the island and work. One daughter lived with her a little while, but she has left now for school.

6307. Do you think it an advisable thing to allow healthy people to live with lepers?—The matron's boy has nothing to do with the lepers at all; he runs errands for his mother, who cannot always leave the wards.

6308. Is there any telegraphic or telephonic communication between the village and the wards?—No; the only communication is by the trolly.

6309. *Chairman.*] Is the matron's house inside the compound?—Yes, but quite apart from the leper wards.

6310. Has her daughter stayed with her in that house?—Yes; for a short time.

6311. *Dr. Herman.*] Do visitors ever stay with the matron?—No; she has not room, and she is not allowed to have visitors.

6312. Does the lady patient have any friends to stay with her?—No.

6313. Do her children come to see her?—Yes, and her husband comes occasionally. The wife of one of the male paying patients once stayed the night in the nurse's quarters.

6314. Is the matron a trained nurse?—No, the nursing is all done by the patients in the female wards.

6315. *Chairman.*] Have coloured visitors been allowed to stay over the night sometimes?—In one or two instances, the Rev. Mr. Watkins, the chaplain, has given them a room. The other day a mother came from Kimberley to see her daughter, and she obtained accommodation at Mr. Watkin's house.

6316. Are the male lepers allowed to visit at the female wards?—They are not allowed to except with the written permission of the medical officer in charge.

6317. Suppose a female patient was very ill, could she be visited in the wards?—If it was a bedridden case and there was special permission. The male lepers can stand outside the compound and talk to the women, but they are not allowed inside.

6318. How long would a male visitor be allowed to remain if he had a special permit?—It would probably be for the afternoon, between half-past two and four; that is the rule.

6319. Are the female lepers allowed to visit the male lepers?—Occasionally.

6320. Under what circumstances?—Also by special permission; the nurse accompanies them generally, and very seldom more than one goes at a time.

6321. Does the nurse remain the whole time?—Yes, those are the instructions, or else she gives the patient over to the charge of another nurse.

6322. How often do the female patients go out for a walk?—Two or three times a week.

6323. Can they go to any part of the island?—No; they could if they liked, but as a matter of fact they generally go down to the beach in front of the asylum or else to the north of the island along the hard road.

6324. Are they allowed to mingle with any of the male lepers who may be walking about?—No.

6325. How can you prevent it?—They are kept together.

6326. Are the male lepers allowed to talk to the women when they are out?—They may talk, but they are not allowed to break the rules.

6327. Is one nurse enough to control them?—They have never complained of any infringement of the rules.

6328. But it would be possible, would it not?—Yes; they could easily scatter about and get loose, but they have not attempted it yet.

6329. *Dr. Dodds.*] Are there any social gatherings of male and female lepers?—No; the only time they meet excepting with special permission is at the fence.

6330. Are not the male lepers allowed to spend the afternoon occasionally in the female leper quarters?—I have never given any such permission, except under conditions already mentioned.

6331. *Chairman.*] Have you found the whole question of the visiting arrangements a most difficult one?—It is very difficult to regulate in every

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way for the reasons I have stated. Some of the friends live a very long distance away, and it is difficult to regulate the number of visits to each patient. The Government have allowed a free railway ticket to each patient once a year, but they want to come more frequently some of them. Short visits from Cape Town itself are regulated by rotation. A visiting book is kept. Mr. Fitch generally makes out the tickets and I sign them.

6332. *Dr. Herman.*] What steps are taken when the matron goes on leave to continue the discipline of the female lepers?—She has not been on leave except from one boat day to another; the assistant does all the work in that case. I may say that the matron does not want another assistant, but I am going to get her a servant.

6333. The position of matron is very responsible, is it not?—Yes.

6334. Are you satisfied with the class of person you are able to obtain?—Yes, I think they manage very well, considering the class of patients. The present matron is not a qualified nurse. I have tried to get a qualified nurse, but they do not manage the place so well. Since I have been on the island we have had three matrons; the first was not a good manager at all, Mrs. Pouncey; although she was there for some time things were not satisfactory. Mrs. Pavel managed very well but she got dissatisfied and left. The present matron, Mrs. Dill, has pleased the patients, but she is not a trained nurse and consequently the nursing is not as good as it might be.

6335. Do you think the patients are sufficiently segregated by being under a person who does not understand the serious consequence of the contagion? —I think so. She has got her instructions and she adheres to them.

6336. Has she sufficient authority over the patients to control them?—I think so, except in exceptional cases.

6337. Is she sufficiently independent of the patients to bring forward complaints as to their behaviour and enforce discipline?—I do not think there are any complaints; the wards are fairly clean, and I think that she carries out her instructions.

6338. Do you think one woman like that is able by sheer force of character and example to enforce the necessary discipline in the case of 250 women?—I think so. I would rather have a person who treated the patients kindly than one who wanted too much hospital discipline so to speak. I think the object should be to make the patients as comfortable as possible and segregate them in as gentle a manner as possible. I do not look upon a leper asylum as a hospital pure and simple; it is a home for incurables. Last year we tried trained nurses; they were very satisfactory from a medical point of view, but the patients were up in arms against them altogether, simply because they were constantly washing and dressing the wounds, and the patients had no rest. The great thing is tact in the management of the leper patients.

6339. *Dr. Dodds.*] Then the trained nurses were not a success?—No; they were only there for a short time. Altogether there were about 12, but they were not all there at once. We first got three from Kimberley, and then we arranged to get a full staff.

6340. How came they to leave?—Some resigned and others were not satisfactory; they quarrelled a good deal among themselves; some of them used to drink, and one came to the island pregnant.

6341. *Dr. Herman.*] Is it not better to try and introduce a better class of nurses, both for the comfort of the patients themselves and the completeness of the establishment?—I draw a distinction between a leper settlement and a hospital, and I do not want to see the place a prison as it were; it should be more of a home for these unfortunate people.

6342. *Dr. Dodds.*] Do you think you might make a further attempt with trained nurses?—We have two trained nurses on the male leper side, and I should like to see a hospital on the female side. I think personally

that the females require a little more attention in that way. I think, as an experiment, it might be tried, but I doubt whether it would be a success.

6343. *Chairman.*] Would it not be an improvement to have a class of women who would, by moral pressure and doing good work, without unduly worrying the patients, introduce a better tone into the whole establishment; I take it that you think trained nurses sometimes attend to discipline to such an extent as to make the patients unhappy?—Yes; just so. At present we have two nurses in the male leper hospital, and all bad cases are sent to the hospital if possible. In the female wards leper women dress the wounds and so on, and they do it very well.

6344. *Dr. Herman.*] Do not you think by introducing a superior class of nurse the ordinary work of management would be very much easier?—For my own part I think it is generally more difficult to manage the nurses than the patients. I have got a nurses' home for ten nurses, and if I had ten nurses there I am certain it would be more difficult to manage them than all the lepers put together.

6345. You have a good many nurses under your control in the lunatic asylum, are they troublesome?—Not now, we have some specially good nurses there.

6346. What difficulty would there be to get the same class of nurses for the leper patients?—In the leper wards a different class of nurse altogether is required. You will only get a certain class of nurse for the leper wards, surgical nurses, who take a great interest in their work; as a rule, you find ordinary nurses are afraid of lepers.

6347. Is there any reason to think that the nurses are badly treated by the leper patients?—There have been two or three instances. I believe a male leper once struck one of the nurses. He wanted something out of the dispensary and she would not give it at the time, so he struck her. She did not want the matter gone into at all. There was a good deal of friction at the time between the nurses and the patients, but afterwards they became more attached to the nurses. The nurses, however, quarrelled among themselves, and for one reason and another they gradually left the island. There is a great difficulty in getting nurses for Robben Island; in the first place they do not like the island, it is isolated and it has a bad name; and secondly they are afraid of the lepers. Sister Henrietta had to advertise in the English papers for nurses for the island; that I believe is why we got an inferior lot of nurses; they came out from England with testimonials, but they had no friends here, and they were not to be trusted at all. They were too strict in their discipline, and they said that if they could not do things in their own way they must leave.

6348. Can you give us an instance of what actually occurred?—The lepers complained that they were constantly being washed, perhaps two or there times a day. Then they were required to be up by six o'clock in the morning, which is too early for them and it is not necessary.

6349. If the nurses washed the leper patients in the hospital once a day that would not do them any harm, would it?—No.

6350. Would you recommend it?—If it is necessary, but many of the patients want rest. They have a great dread of going into the hospital.

6351. *Dr. Dodds.*] Why is that?—They do not like the dressing and washing.

6352. *Dr. Herman.*] Do they get extras in the way of medical comforts in the hospital?—Yes: if they require them. We only send the bad cases to the hospital.

6353. I gather that you are against attempting in any way to go against the wishes of the lepers; if they wish to be left alone, you would leave them alone?—As far as possible and as far as is compatible with their health. I would not do anything to injure their health, but at the same time I would not force them to do things which are quite unnecessary.

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6354. Practically that leads them to be insubordinate, does it not?—I do not think so.

6355. Did you not say that one of the patients struck a nurse?—She was trying to make him do something he did not want to do.

6356. How can you keep order and discipline in a large institution if the patients have their own way?—At all events it is not necessary to force them to get out of bed at six o'clock in the morning when seven or half past seven would do.

6357. Why not allow them to be in bed all day if they choose?—I do not see why if a patient is weak he should not be allowed to remain in bed. They often ask me to allow it, and it gives them comfort. It is unnecessary, however, to make the patients get up so early, especially on cold winter mornings, so that the nurses may be free to start work at half past six. That may be hospital management but it is not suitable for a leper asylum.

6358. *Chairman.*] You think that a leper asylum should be more like a home?—Yes, I would allow a greater margin of liberty.

6359. Are there certain fixed rules?—Yes. There are regular hours for meals and there is a certain time at which the lights are put out.

6360. What methods do you rely upon for enforcing discipline and carrying on the routine of the establishment?—We have no means of administering any punishment at all. We give instructions and see that they are carried out, that is all.

6361. In the event of any of the patients disobeying the rules, what do you do; do they ever set you at defiance?—They have not done so, but they can very easily; there is no means of punishing them at all; we do not give orders to the patients, only to the attendants and they see that they are carried out. Each ward has an attendant, and under each attendant there is a certain number of leper workers, respectable men who have some influence in the ward.

6362. Do you allow them certain privileges in return?—Yes; they get paid and they have certain privileges.

6363. Do you find that is amply sufficient to carry on the working of the place?—Yes.

6364. You regard it more as a home?—Yes. Those who require treatment go to the hospital, where their wounds are dressed and so on.

6365. Do you attribute a great deal of the friction to the action of the nurses?—Yes. Perhaps there was too sudden a change from a somewhat lax to a more strict discipline, such as would be adopted in a well equipped hospital, but is not necessary in an ordinary asylum.

6366. Is there any hospital for the female lepers?—No; but I think there should be one with a proper staff.

6367. Have you any suggestions to make in regard to the male hospital staff?—I think the staff is sufficient and the hospital is large enough.

6368. How many beds are there?—It is intended for 50 beds.

6369. What sized hospital should there be for the female side?—I think to contain 25 beds, and one additional nurse. Some of the patients themselves might be trained to nurse.

6370. Would you employ hospital nurses in the general work of the establishment afterwards?—No.

6371. Would you require a day and night nurse for the hospital?—I do not think a night nurse would be wanted.

6372. Have you found much difficulty in dealing with the leper patients as a whole in the matter of discipline?—There have been two or three instances in which trouble has been given, otherwise the patients are amenable to reason. When there has been any trouble it has generally been due to the visiting from the mainland, or something that has stirred up the feelings of the patients and made them lose their temper and become excited. Lately there was one instance about two or three weeks ago, when the patients complained about their food and became very excited.

6373. Did you enquire into that?—Yes. The patients complained that the meat was bad. I had the whole thing investigated, and the magistrate decided that there were faults on both sides. The same meat was supplied to the inhabitants, the lunatics and the convicts, and I had some of it myself. I believe that in order to satisfy the patients, about 112 lbs. of meat were cut off and the rest was returned with a fresh supply. About half-past two in the afternoon I was sitting in my house when I heard a great row and the constables blew their whistles. I rushed out and found that the lepers were about to cross the boundary. The constables tried to prevent them and they were very excited and said they were going to kill somebody. I had three of the ringleaders arrested and put into the cells, after which the other men went home quietly. They promised that if I would set the ringleaders at liberty they would never do such a thing again.

6374. Did they offer you any personal violence when they were excited?—They threatened me.

6375. Did they do anything?—No.

6376. I suppose all this is on record, is it not?—Yes.

6377. Did they complain that the meat was bad on other occasions?—No; only on this one occasion. They all have their likes and dislikes, and what pleases some does not please others; they like special dishes, but of course that is impossible, but I am preparing a new diet scale which will no doubt get over the difficulty to some extent.

6378. Is the meat supplied to the lepers as a rule the same as that supplied to all the other inhabitants on the island?—Yes. We get one carcase, or perhaps two, and this is divided. We only supplied meat without bone, but since the disturbance instructions have been given to supply it whole, and the cooks themselves remove the bone.

6379. Do you yourself inspect the food before it is cooked?—Not every day, I do occasionally.

6380. Do you make any note or record of your inspection in a book?—No.

6381. *Dr. Dodds.*] Does the magistrate inspect it?—Yes, but not every day. We get our supplies of meat from Combrink & Co., and if there is any doubt as to its being good I am at once called in to inspect it, which I do.

6382. When the meat arrives at the island who receives it?—It is put on to a waggon and sent direct to the butchery. The butcher receives it and inspects it.

6383. Is that waggon used only for the purpose of conveying food?—No, it is used also for carting things to the store or conveying material about the island.

6384. Is it the only waggon you have?—No, we have several.

6385. Is the meat just put openly into this waggon?—No, a cover is put on. A clean cloth is laid on the floor of the waggon, on this the meat is placed and covered over.

6386. Under whose supervision is the meat generally apportioned?—It is sent to the butchery, and the butcher has two assistants, who cut it up. He has to account for every ounce of meat in his books. The chief clerk checks it sometimes. There is no reason to complain of the quantity at all, but lately the quality has not been up to the mark. The meat is received on the island one day and issued next morning at six o'clock. The butchery is a cool place. The sheep are killed on the island; we kill about 20 a day.

6387. Sometimes it comes over on Friday and serves for Sunday, does it not?—Occasionally, but we can always kill sheep on the island.

6388. Is the meat afterwards rationed out by the butcher and sent up to the wards?—Yes.

6389. How are the other stores dealt with, such as sugar, tea, coffee and rice?—They are issued each day, taken up to the wards on the trolly and delivered to Mr. Fitch.

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6390. *Dr. Herman.*] With regard to giving out the rations, is there any control exercised so that you can be perfectly sure that what goes from the butcher or the stores reaches the lepers ?—Each pavilion has a separate requisition made out according to the number of patients, and the things are put into a separate bag, and not removed from it.

6391. Are these bags padlocked ?—No ; but they are put on to the trolly at the store, which trolly is in the charge of an attendant, who, when the trolly gets to the wards, has the rations removed from the trolly to the kitchen and given over to the cook.

6392. Is there any fear that the patients do not get what has actually been given out ?—I think not. I do not doubt the honesty of the cook.

6393. If one patient as you told us was able to send over a quantity of meat to the mainland must not there be something wrong ?—That matter is being investigated. As far as practicable we check the rations, but of course you cannot say positively that the cooks do not steal them, though I do not think they would do so.

6394. How do you account for the poor quality of the tea which seems to be so generally complained of ?—We have very good tea, but of course the allowance is very small, the eighth of an ounce for each patient.

6395. Does it grow smaller by the time it reaches the patient ?—I do not think so. I have introduced bush tea lately, and they like it. I can give a very much larger quantity of that. One day they came and said they did not like the bush tea as it was bad and asked for the ordinary tea. I asked them how long they had had it and they said for the last ten days. I went down to the office and told them not to buy any more bush tea as the patients grumbled about it. They said they had not issued any bush tea for about ten days. While they had bush tea the patients liked it. When the bush tea was finished and the ordinary tea was issued they grumbled. There has not been much grumbling about the tea. I mention this to show how ready the lepers are to find fault and grumble at everything.

6396. *Dr Dodds.*] How many leper lunatics are there ?—I think there are ten now certified, one man and the rest women. One of the women died shortly after she was certified.

6397. What accommodation have you for them ?—The man has got a room to himself, and the women have one room to themselves ; they are all coloured.

6398. Are the arrangements satisfactory for them ?—Temporarily they are, but I would not like them to remain like that ; they are all harmless cases. I have instructions to have single rooms built for them as soon as possible.

6399. How many leper convicts are there ?—None.

6400. Is their sentence remitted when they come to you ?—In the case of some of them it is, in other cases the sentences have expired.

6401. If a leper convict comes to you, have you any special accommodation for him ?—No, we are providing accommodation : we are in correspondence now about it and there is to be separate accommodation for males and females.

6402. Have you had any special difficulty with this class of patient ?—No, none at all.

6403. With reference to the additional works projected, you have mentioned single rooms for the leper lunatics and accommodation for the leper convicts, are there any others ?—Accommodation for doubtful cases of leprosy and accommodation for the non-leprous children ; we are also building additional wards for the women.

6404. So that you are actively increasing the accommodation for lepers on the island, are you not ?—Yes ; the additional wards are for the female lepers only ; we have plenty of accommodation for the males ; there are about 70 vacancies I think.

6405. Have you had any special difficulty in dealing with refractory cases among the lepers?—Yes.

6406. Would it be an advantage if you had a ward on the male side cut off from the other wards, where you could place lepers for purposes of discipline?—I think not, I do not see how we could do that. The only way is to make them amenable to some law and then let the magistrate punish them if necessary; put them in the room provided for the convicts, make prisoners of them in fact.

6407. Would you have a ward with an airing court?—That is what I am going to erect, a two roomed building with an airing court for the leper convicts, cells in fact, and my idea was to place refractory lepers there and make them do work like prisoners. At present the law does not allow us to punish such cases at all, and that is a difficulty we have in maintaining discipline on the island. We cannot punish a leper for any misdemeanour unless it comes under the Police Offences Act, and unfortunately it is not always easy to bring cases under that Act. I therefore wanted the Government to make some additional rules and regulations. At present if a patient gets drunk we can do nothing at all, and if you leave him alone he will commit the offence again and incite others to do so.

6408. *Chairman.*] Cannot you bring a man up for drunkenness?—I have done so, but the magistrate says that he has no jurisidiction, and the same with regard to having dagga or liquor without permission; refusing to obey the superintendent, matron, or other responsible officer; interfering with the lights after they have been put out and so on. When the attendant puts out the lights at nine o'clock the lepers will often light them again, and there is a danger of fire taking place. Other offences that we should have power to deal with are shouting and screaming in the wards to the annoyance of other patients, gambling, and passing the boundary line without permission. I should like these offences to be controlled in some way by law.

6409. Does not the present Act allow you to draw up any rules to deal with such offences?—No. The Attorney-General says that if a patient gets drunk or uses abusive language the only way in which you can punish him is to stop his privileges, but these bad characters do not have any privileges at all so that you cannot punish them. There are many who have privileges but it is not those who infringe the rules. We can make rules but we cannot enforce them, and I would rather not have rules at all than have rules and not be able to put them into force.

6410. *Dr. Dodds.*] Do not cases of breaking the rules occur where you could put offenders in some such isolated ward as has been suggested?—Yes. I have recommended to the Colonial Office that we should have a small building surrounded by a high fence where refractory cases could be placed under the supervision of the constables. I think it would be very satisfactory. At present we have cells, but they are in the village. It is certainly a great defect in the Act not being allowed to punish offenders in any way.

6411. *Chairman.*] Are you acquainted with the Act of 1884?—Yes.

6412. Has it worked satisfactorily hitherto as far as it has come under your notice?—I think it has worked satisfactorily after the patients are placed on the island, except with regard to the matter of punishment.

6413. Would you recommend any modification of the conditions under which a leper is brought under the operation of the Act, with a view to safeguarding the subject?—I would certainly do away with the certificate by a field cornet. I do not see that it is of any importance.

6414. Are you aware that if the field cornet refuses to fill in the certificate, notwithstanding that the magistrate and district surgeon have done so, it invalidates sending a leper on?—Yes. The instructions are that a patient must be accompanied by a certificate from the magistrate, doctor and field cornet or justice of the peace.

6415. Why would you do away with the certificate by the field cornet?

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—It is quite useless, he is not a medical man, and has no knowledge of the disease, and any knowledge that he might have is probably gained from the medical certificate.

6416. Is it likely that he would avoid the onus of certifying sometimes? —Some field cornets might refuse to sign altogether.

6417. They might for instance have friends or relatives who were lepers, might they not?—I do not look at it in that light at all, but I regard the certificate as quite useless; the field cornet certifies that it is a case of leprosy, but it is purely a medical point as to whether it is so or not. I would be in favour of doing away with the field cornet's certificate, and having in its place a certificate from two medical men instead of one. As it is now there is a large number of cases sent on which are not cases of leprosy at all.

6418. As the Act stands at present, who is called upon to notify that a leper is living in a certain district; is there any provision for that?—It says that a medical man shall notify, but I do not think that is carried out. At present it seems to be nobody's duty to notify.

6419. Would you suggest that a clause be inserted in the Act in regard to compulsory notification?—Yes.

6420. Who would you call upon to notify?—The householder.

6421. Would you call upon the district surgeon or medical man in attendance to notify?—No. I do not see why they should be called upon specially to notify.

6422. Would you call upon all medical men in attendance upon cases of leprosy to notify them?—No; I do not think it is fair or necessary. I would say let each householder who has a case of leprosy in his house report it to the magistrate.

6423. How would you get over the difficulty of a householder saying that he did not think it was a case of leprosy?—That is a difficult point, but I think the medical man would generally inform the householder, if he was in attendance. I do not think that a medical man should be forced to divulge cases.

6424. Would you also call upon the police to notify cases of leprosy?—Yes, if they came across any cases.

6425. Would you call upon sanitary inspectors to notify?—I think if you have too many interfering you would weaken the operation of the Act; it would be nobody's duty, and the responsibility would be passed on from one to another. I think householders and the police would be sufficient.

6426. After a case has been observed, what steps should be taken?—It should be reported to the magistrate or justice of the peace and then he would be called upon to act. He should call in two medical men to examine the case, and if there is any doubt, a third medical man might be called in.

6427. Would you upon that be prepared to transmit a patient at once to Robben Island, or would you be in favour as an additional precaution of having a probationary receiving house?—I think so. Patients should go to a receiving house before being sent over to the island.

6428. Should such receiving house be in Cape Town?—Yes; every case should be examined by a medical officer in charge of the receving house.

6429. Would you be in favour of having a Board to decide upon such cases?—Yes; there might be a Board to report within a certain period.

6430. How long would you give for such Board to deliberate?—The case should be examined at once, within a week; if there was no doubt about it, the patient should be sent to Robben Island; if was doubtful, then the patient should be kept for a certain time; if it was clearly not a case of leprosy he should be discharged at once.

6431. If it was a doubtful case what time would you allow for observation?—There should be a limit. On Robben Island we allow three months.

6432. Would you suggest three months as the limit at the receiving house?—I think not. A receiving house would not be for doubtful but for

suspected cases. I would say a week at the receiving house would be enough. At present a good many cases are sent over to the island which are non-leprous.

6433. Have you any record of such cases having occurred lately?—Yes.

6434. How many cases have you discharged lately as being non-leprous?—About six or seven altogether.

6435. Should the decision of the Board be final, or should the question be raised again if necessary?—I would allow patients leave to apply to the Board to reconsider their decision, which would be a further safeguard. The patient should, I think, have every benefit.

6436. Would you be in favour of having a large Board?—No; you might have a large number of medical men, but a small quorum. Three would be quite sufficient. It may not be convenient to get three, but there should be a Board of some kind for doubtful cases.

6437. Would you say it was better in every case for a leper to pass before such Board?—If there is any doubt at all the medical man in charge of the receiving house should call in the Board. I do not think that the Board need necessarily be consulted in every case. There would already be two medical certificates. There is one rather important point in connection with that; suppose the Board passes a patient on and the medical officer in charge of the asylum refuses him; that is a difficulty, and it has come under my special observation.

6438. Would you suggest that the Board and medical officer at the asylum meet and discuss matters and arrive at a conclusion?—According to the present rule, the medical officer in charge of the asylum as soon as a patient is admitted must send in a certificate. Suppose a patient comes over to the island from the Board and with medical certificates from two other doctors, and the medical officer in charge of the asylum says the patient is not a leper, who is going to decide between the two. The question arises whether the Board's opinion is to be set aside or the medical officer's opinion changed.

6439. How would you propose to deal with the case of suspects, supposing a case comes under observation but nobody feels justified in reporting it?—I would have such a case reported to the district surgeon or medical officer appointed for the purpose.

6440. Would you have such cases registered?—Certainly.

6441. And should they be compelled to report themselves from time to time? Yes, just as a safeguard in case the disease broke out later on.

6442. You think that would safeguard the public?—I think so. As soon as the case became more marked it might became dangerous to the public.

6443. When it became more marked it might be brought before the Board to be dealt with?—Yes.

6444. *Dr. Herman.*] What do you understand by suspects?—Doubtful cases upon which the medical mind is not satisfied. Even a Board might have some doubt.

6445. Would you include any person who had been living in close contact with a leper for some time?—No, I think not.

6446. Would you include the leper's family?—I would not include anybody except persons having suspicious symptoms; it is not necessary.

6447. Would it not be advisable to keep a register of persons who had been in contact with the leper, so that they might be watched in case any of them became affected?—If you could get them to acknowledge immediate contact then you might do it, but if you have to trust to their own statement or to the mere fact of leprosy being in the neighbourhood, you might get the whole Colony more or less on the register. Theoretically it may be a very good thing but practically it would be useless and impossible.

6448. *Dr. Dodds.*] Would you not include families of lepers?—I do

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not think it would be any use, although it would be interesting to watch such families. It would practically be too great a work for anybody to undertake.

6449. *Dr. Herman.*] In the early stage of leprosy it is almost impossible to recognise the disease, is it not?—Yes.

6450. You must wait until the disease is well advanced?—I would not say well advanced; you can tell within a year or two years perhaps.

6451. But you are not in the habit of examining each case every year, are you; what grounds would you have at the end of a year say for examining any person?—I think that doubtful cases should report themselves every three or six months.

6452. If a patient has a leprous eruption on his legs for example, how are you going to detect it?—You cannot detect it at all, but usually the disease reveals itself in the face and hands and can thus not be so easily hidden as you suppose.

6453. Would not that to your mind necessitate a constant supervision of healthy persons who have been in contact with lepers?—My idea is that if you try to do such a thing it would be impracticable; such a regulation could never be carried out.

6454. Would such a thing be irksome do you think?—That is not the difficulty; the difficulty is that you would not get at the cases. Suppose a leper is living in a house in Cape Town to-day, he may be somewhere else to-morrow, and gradually you would have thousands of names on the register and you would not pay any attention to them when they became so numerous.

6455. Supposing a leper is living on a farm, do not you think the healthy members of his family should be supervised for some time?—It would certainly not do any harm if you limited it to the family, but I do not see how you could include those with whom he came in contact; he might have hundreds of visitors and you could not put them all on the register.

6456. The intention in watching suspects is to get rid of them as soon as possible and place them under some form of surveillance; if you do that thoroughly very few people will come in contact with lepers. Looking at the fact that leprosy is very difficult to recognise in the early stages, is it not wise to supervise to some extent the healthy friends and relatives in immediate contact with lepers?—You might limit it to those.

6457. Suppose a leper in a well marked and advanced stage of the disease is discovered living in a house in close contact with his family, do you think it would be wise to examine all the persons in the house to see whether they were leprous or not?—Yes, at the time I certainly would examine them.

6458. Is that highly necessary or only expedient do you think?—It would be an expedient and safe course.

6459. By what method would you determine whether a person was leprous if he showed no signs upon his hands or feet?—You could not tell at all, but that is unusual in leprosy.

6460. Therefore it would be necessary to examine each individual, would it not?—Yes; the members of the family might be examined periodically for a time, say every two years.

6461. What period of incubation is there in leprosy?—My belief is that it is about two years.

6462. Is it not much longer in some cases according to the literature on the subject; is it possible to fix the incubation period to be as long as two years?—I think so. As far as we can tell, the first symptoms recognized develope in about two years, but the person is a leper all the time.

6463. Have you ever met with any cases of leprosy in children under a year?—No.

6464. What is the age of the child with the lady patient on the island?—It is about two years now.

6465. Has that child had leprosy for some time?—Yes.

6466. That narrows the incubation period still more, does it not?—Yes. I have referred to that case specially in my evidence. In some cases the incubation period appears to be shorter, but in the majority of cases it is about two years I think.

6467. *Chairman.*] We have it in evidence that there are lepers in the Free State, the Transvaal, and Basutoland, and that in some cases they have been fugitive, how should such cases be dealt with?—I certainly think they should not be kept in the Colony if they are fugitive from other States; they should be sent back.

6468. How would you propose that the authorities should detect such cases?—In the same way as ordinary lepers are detected. Householders or the police should report any case to the magistrate just as if they were colonial lepers.

6469. What would you do in the case of Kafir locations where there were lepers?—It would be difficult to find them out; some local authority should be entrusted with the duty.

6470. It has been suggested that the headman of a kraal should notify any cases, would that answer?—Yes, but I do not suppose they would do it very conscientiously.

6471. Would you place natives coming into the Colony under any system of inspection?—I am afraid you could not do it. Perhaps the person giving a pass might notify, but it would be a difficult thing, and I do not see how you could check such cases.

6472. You think that such cases can only be dealt with by general observation?—Yes, by the police and householders. Theoretically every person should be inspected, but practically it is impossible, you cannot do it.

6473. Would you have a clause in the Act empowering any member of the public to lodge a complaint at the magistrate's office in suspected cases?—That should be the duty of householders.

6474. Suppose a person met a native along the road, should there not be some power to enable him to lodge information?—I think so: it should be his duty to do so in the case of wandering lepers.

6475. In the case of leprosy imported from the sea coast, how would you deal with that?—Any case should be reported by the medical officer on board or by the captain and it should be treated just as any other infectious disease would be. Pratique should not be given if there was any leprosy on board until the case has been dealt with; of course it would not be necessary to place the vessel in quarantine, it would be sufficient to remove the leper.

6476. Can you suggest any additional means for preventing unjust segregation other than those that you have mentioned?—No. I might say that there are at present 11 non-leprous children on the island and they are living in the leper wards. It is proposed by the Government to build a hospital for these cases and take the children away from their parents. Theoretically it is an excellent plan, but practically it would be impossible to carry it out without using a great deal of violence and force. I foresee great difficulty in taking these children from their mothers and placing them in a separate ward near by. The mothers would very likely hear them crying and become desperate. The attention of the Government has been drawn to the matter, and we are prepared now to start with the hospital, but I think it would be a waste of money.

6477. What other method would you suggest for separating the healthy children from their diseased parents?—There is one child who has paralysis and hydrocephalus; it lies in bed all day and the mother who is a self-cured case is devoted to it. I am certain that if you took that child away the mother would become like a demon and you could not manage her, and if the eleven children were taken away there would be eleven demons in the

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in the wards. It is quite bad enough to take the mothers away from the mainland and remove them across the sea, but it would be dreadful if these children were taken away from them and placed in an asylum within sight of their mothers.

6478. *Dr. Dodds.*] Would you object to the children being on the mainland?—That would be much better, but it would be difficult at first and give rise to a great deal of ill feeling.

6479. Is it quite a wrong thing for these children to remain with their parents do you think?—Theoretically it is wrong, but practically there would be very little danger and it gives the patients some pleasure in life.

6480. *Dr. Herman.*] Why do you think there is practically little danger?—If a child is in good health, there is no danger of contracting the disease.

6481. Have you anything to bear out that statement?—Very few children of lepers become diseased.

6482. Is there not a leprous child on the island living with its mother?—We do not know that it contracted the disease from the mother. The difficulty of removing children forcibly from the mothers is so great that I would be more inclined to leave them where they are.

6483. Either leprosy is contagious or it is not; you admit that it is contagious. This person on the island it would seem got leprosy some time ago from a native servant, and the child got it nearly two years after birth; do not you think one may fairly assume that it contracted the disease from the mother?—It may be so, but it had an uncle who was leprous at the same time.

6484. Do not you think it a risky thing to keep eleven children with their diseased mothers?—Theoretically I would say remove the children at once, but practically it is a difficult matter. My contention is that leprosy is not a very contagious disease, but that it will spread if the recipient is a favourable subject. If a person is not a favourable subject, then there is no fear of his catching the disease.

6485. *Dr. Dodds.*] Are not children favourable subjects?—Yes, if they are weak, not otherwise.

6486. *Dr. Herman.*] Is it not a fact that the proportion of lepers among the young is much greater than among older people; in other words, that it developes comparatively early?—Between the age of fifteen and thirty, according to the Robben Island statistics.

6487. Taking the age of fifteen, if you allow an incubation period of two years, would make the age thirteen when a child is most susceptible to leprosy, yet you would recommend that eleven healthy children should be left in the leper wards?—I do not say that they are particularly susceptible.

6488. *Dr. Dodds.*] If the children were separated before they came to the island would there be any objection?—Certainly not.

6489. Your difficulty is rather a sentimental one, is it not?—Yes. Of course you can take the children away forcibly. It would no doubt be a good thing to remove these children from their mothers, but the risk they run is so small, and the pleasure they give to their parents is so great in comparison, that of the two evils I would rather let them stay and run the risk. I think there is not much fear of their contracting the disease.

6490. If the risk is so small does it not imply that there is very little reason for segregating at all?—My idea is that the risk of contagion is not very great in leprosy, but that every case of leprosy is nevertheless due to contagion.

6491. *Chairman.*] Do you think there would be great difficulty in dealing with the mothers afterwards if you removed their children?—I think so.

6492. *Dr. Fismer.*] Is it not advisable for the future to refuse in every case healthy children?—I think so. If we removed the children now there

would be such a row that you would never be able to keep the lepers there at all without bloodshed perhaps.

6493. Would you not be able to persuade the mothers that it was better for the children's own sakes that they should be removed?—No; they will not believe that the disease is contagious.

6494. Would you think it advisable at a certain age to take them away from their mothers?—When they are older or when the mothers die.

6495. *Dr. Herman.*] I have before me some figures dealing with the occurrence of leprosy in Trinidad (Journal of the Leprosy Investigation Committee, December, 1891) and I find that out of a total of 153 cases, two occurred between the ages of one and five, twenty three occurred between the ages of five and ten, and sixteen occurred between the ages of ten and fifteen; therefore out of 153 cases, forty one occurred before the age of fifteen; looking at those figures, are not you running a very great risk in keeping these eleven children in contact with lepers?—I think that they do run a risk certainly.

6496. Is not the risk greater than if they were older?—I think not.

6497. *Dr. Dodds.*] Do not a good many mothers come to the island who have left children of a tender age at home?—Yes.

6498. If the difficulty has been got over in those cases why should it not be got over in all?—The mothers do not think they are going to remain on the island for ever. It is the children who have been left behind that distresses the mothers. If the children are to be removed, it would be better for them to be removed from the island altogether, as their remaining there would only be a continual source of irritation to the parents.

6499. It would be better for them not to be sent to the island at all, would it not?—Yes.

6500. Where is the ward of the non-leprous children to be?—In the very centre of the institution; no site is definitely fixed, but it is suggested that it should be there.

6501. Will it be erected immediately?—I have been speaking to Mr. De Smidt about it, but I believe it has been suggested that the matter should be left in abeyance until the interim report of the Commission is sent in.

6502. *Dr. Fismer.*] Would there be any difficulty in removing these children to the mainland, would any institution accept them?—No, no orphanage will take them—one of the patients on the island has a child six months old with her and it is not affected. To remove the children 100 yards away from the parents and debar them from all intercourse would be impracticable.

6503. *Dr. Dodds.*] Would it not be better to have the children in the village so that the mothers could occasionally see them under restrictions?—Yes, that would be better.

6504. *Chairman.*] But you think if the children have to be removed it would be better to remove them to the mainland?—I think so; otherwise there would be great disturbance, and there would be a difficulty in carrying out the work.

6505. *Dr. Herman.*] Do not you think there is something very terrible in the idea of allowing healthy children who are not capable of taking care of themselves and who have no knowledge of the risks they run to remain with their diseased mothers?—It has been allowed for the last 200 years everywhere.

6506. On the same line of reasoning, must we not give up segregation?—I do not say give it up altogether. In Norway a man is allowed to live with his family provided he submits to certain regulations, consequently the doctors there cannot think the disease is so dangerous.

6507. *Chairman.*] Would you be in favour of forbidding children for

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the future being sent over to the island ?—I would prefer their being sent to the mainland if they are to be separated from their parents. I think also children should not be sent to the island.

6508. *Dr. Dodds.*] Suppose there was a modified system of segregation, would you allow leprous mothers to suckle and nurse their children?—Certainly not if they were in the ulcerated stage.

6509. Is not that done in the asylum ?—There is one child three months old ; it was born on the island in the leper ward and it would die if removed from the mother.

6510. *Dr. Herman.*] What would you do in a case like that where a woman gave birth to a child on the island, would you allow it to grow up to manhood or womanhood with the lepers ?—No, I would not.

6511. When would you remove the child ?—If the mother was very bad she would probably die ; the average life of a leper is about five years only on Robben Island. The child could then be removed.

6512. Are there not cases on the island that have been there for 40 or 50 years ?—Self-cured cases, yes.

6513. Suppose such a woman had, let us say, a family of children on the island, would you keep them there?—She could not have a family of children on the island ; she might have one, not more.

6514. *Dr. Dodds.*] What is the oldest age that a non-leprous child has attained on the island ?—The oldest non-leprous child in the leper wards is about 13, but it has not been living there all the time; it has only been admitted within the last three years.

6515. *Dr. Herman.*] Are there no children who were born far back, and who have grown up to manhood or womanhood?—None on the island that I know of. There is one child with hydrocephalus, but I see no reason why that child and the mother, who is self-cured, should not both be discharged if the Commission come to the conclusion that these cases are not dangerous to the public.

6516. Did not you recommend that cases should only be deemed self-cured after a period of ten years absence of ulceration ?—Five years ; but no hard and fast rule can be made ; each case should be treated on its own merits.

6517. Of your own knowledge, has this woman had no ulceration for five years ?—No, but you can find cases where patients have been 20 years without ulceration.

6517A. Can you take those statements as reliable ?—There are not only the statements, but you can see from the amputations at a glance ; any one who has studied the disease, can tell when the ulcerative stage is passed.

6518. How do you recognize the age of an ulcer or cicatrix following ulceration or mutilation ?—By the appearance of the wounds. It is only in anæsthetic cases, where the disease mutilates the hands and feet, that there is any chance of self-cure at all ; in the other forms of leprosy there is no chance of self-cure ; the disease gradually goes on from bad to worse till the patient dies. In self-cured cases the hands may only be partially removed or wholly removed up to the wrist or above the wrist, and then you have a cicatrix formed which is quite characteristic. If you see it you can tell at once.

6519. *Dr. Dodds.*] Is it proposed to erect an observation ward for doubtful cases ?—Yes.

6520. For how many patients ?—Four males and two females.

6521. Where is it to be placed ?—In the leper settlement.

6522. Is it proposed to build it at once ?—I have instructions to build it at once.

6523. Before the Commission has sent in its interim report ?—Yes ; I would rather wait if possible, but I have instructions to start at once. I would be only too glad to have a recommendation to wait.

6524. What has been the greatest number of lepers admitted on any one day; I ask in order to get information as to the accommodation required at the receiving house?—The greatest number from the Free State has been about forty.

6525. What accommodation do you think the receiving house ought to have; for how many patients?—I would say twenty, ten males and ten females.

6526. Do you think that more lepers could be accommodated on Robben Island?—I think we could accommodate a large number more. The great difficulty is the water supply.

6527. *Chairman.*] What is the population of the island now?—About 1250.

6528. Does that include everybody?—Yes.

6529. What in your opinion would be the limit to the population?—I do not see why it should be limited at all; there is only one thing limits it, and that is the water supply, you must import the food supply.

6530. What is the size of the island?—It is seven miles in circumference. I do not know the acreage.

6531. What is your idea as to the total number of population it would sustain?—2,000 easily all told, that is to say we have water for that number.

6532. Can the water supply be obtained on the island?—Yes, for sanitary purposes and irrigation.

6533. Do you think there is sufficient room for 2,000 people?—I think so. If you kept up an average of 2,000 lepers constantly it would be a different thing altogether.

6534. Do you think the island could take 2,000 lepers?—Lepers and lunatics. If we had the accommodation we could take another 700 people without any danger of overcrowding. Of course the accommodation would have to be provided, but there is no fear of overcrowding the island.

6535. *Dr. Dodds.*] Have you enough drinking water?—There are tanks, and each pavilion is self-supporting in that respect.

6536. *Chairman.*] Has not the island been used as a cemetery everywhere from time to time?—Yes, in the east, not in the west.

6537. Where are the cemeteries now?—On the east shore, about half way between the male and female leper wards.

6538. *Dr. Herman.*] What amount of cemetery space has been provided in the past?—Unfortunately graves have been dug all over the place and there has only been one proper cemetery.

6539. Have you attempted to calculate what space would be required for cemeteries alone in the next 25 years say on the island?—I have not calculated, but it would be a large extent of ground. We have lost as many as 138 patients this year.

6540. If you go on losing 20 per cent. of the lepers, will you have ground enough to bury them in for the next 25 years?—I do not think we should lose anything like that on the average.

6541. Do you think there is room on the island, taking into account the cemeteries, refuse ground, water supply, recreation ground and so on, necessary for a large establishment?—I think there is plenty of room on the island for burial purposes. I reckon that in 25 years there should be no lepers, or very few.

6542. Is it advisable to go on adding and adding to the number of lepers in one institution?—I do not think the asylum should be increased much more; if the lepers are put there the lunatics must be removed. The leper asylum should not be much increased, although there is plenty of room. I mean that if the population of the island is to be increased beyond say 2,000 souls, then the lunatics should be moved to make room for any additional patients.

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6543. Looking at the difficulties of management, is it advisable to increase the number of lepers in that one institution?—No. I think it would be better to remove the lunatics, but if you ask me if the island can stand a larger population I say certainly, but as far as the institution goes, it is quite large enough to be managed under the present arrangements.

6544. We have it in evidence that the water supply is polluted; if you increase the population of the island, would not the pollution be increased?—That is one of the reasons why I say that the whole establishment is quite large enough. It could stand a larger population, but it is not advisable to increase it.

6545. *Chairman.*] What is the medical staff?—There are two medical men, and a clinical assistant has been added lately.

6546. Is the clinical assistant a third medical man?—No; he has to take cases. He is a third year medical student.

6547. What are your own duties as superintendent on the island?—I am lay superintendent and medical superintendent. As lay superintendent I have sole charge of the island in every way. I am responsible to the Government for everything that goes on and for the good administration of the island in all departments, buildings, and everything else.

6548. Do you find that that necessarily takes up a large part of your time?—It takes a good deal of my time.

6549. Have you any regulations issued to you by the Government for conducting the business of the island?—I have got rules.

6550. Are they issued to you by the Government, or are they drawn up by yourself?—I have drawn up rules and regulations, but they have not been passed yet. There are also rules issued by the Government for the management of the Robben Island Asylum; they were drawn up by my predecessor, submitted to the Colonial Office, and approved. Those are the rules which we manage under now. I have drawn up amended rules, which have not yet been sanctioned.

6551. Are these rules written or printed?—They are printed. I can furnish you with a copy.

6552. Do they cover the supervision of all the inmates?—Every man's duty is defined, but since 1891 the asylum has increased, and the work has also increased in different departments, so that the rules are not sufficient for the present time; that is why I drew up amended rules, which have not yet been passed. The rules for 1891 are insufficient for 1894, owing to the increase of the population and starting new departments of all kinds. There is a sanitary department, and the water supply, and so on, which were not included in the old rules. There are no rules for instance regulating the distribution of water.

6553. Have your rules been submitted to the Government?—Yes; correspondence is still going on about them, and has been for the last eighteen months.

6554. Have you separate rules for the supervision of the day work?—Yes, there are separate rules for everything and for each department, day and night.

6555. Do the rules embrace the treatment of the patients, their recreation, employment in the wards, and so on?—Yes; there are rules for outside as well as inside patients.

6556. As a matter of fact, do you find that the administrative duties alone embrace a large portion of your time?—Yes.

6557. What professional duties are you expected to discharge?—The work is divided between myself and Dr. Todd. At present I am attending to the male lunatics and the male lepers and Dr. Todd attends to the female lunatics and the female lepers. He has in addition the convicts, and then between us we attend to the healthy residents on the island.

6558. Is there a great deal of work to be done?—Yes.

6559. From your own experience is there time enough to be devoted to the scientific aspect and study of the disease?—Hardly any. It is as much as we can do to get through the ordinary routine work.

6560. Or the classification of cases?—No. When I went to the island a little more than two years ago there were no cases taken.

6561. *Dr. Herman.*] Is it not a fact that the best cases taken on the island are those taken by Dr. Eyre?—He took a few in the leper wards.

6562. Did he not take a number of cases?—In those days there were only 78 patients.

6563. Would you call forty cases a few?—I should certainly.

6564. *Chairman.*] What number of cases is actually taken now out of 700 patients?—All; they are not fully taken, but we have got a good deal of information.

6565. I gather from your evidence that you consider you are undermanned?—Quite so.

6566. Does that apply not only to the administrative work but also to the welfare of the patients?—I think so certainly.

6567. Do you think that more might be done in the way of treatment?—Yes.

6568. Is the scientific study of the disease neglected now owing to your want of assistance?—Yes, we make time when we can, but we cannot do connected work; one is liable to be disturbed at all times.

6569. What increase in the medical staff would you suggest?—I think one more would be sufficient.

6570. What duties would you be disposed to allot to him?—A share of the general work; we would redistribute the work then.

6571. In selecting a medical officer for such an appointment, should he ave a knowledge of pathology and bacteriology as well as being available or other duties as well?—Yes.

6572. Would two assistants be desirable?—Perhaps it would be better to have an assistant to help in the ordinary general work of the island and have a pathologist and bacteriologist as well, who could perform post mortem examinations. We cannot examine the tissues as we have no time.

6573. You think that two medical assistants might be appointed?—Yes; one for general and the other for special scientific work.

6574. In the event of your illness or absence from duty, who does the work; have you any substitute?—No. The last time Dr. Todd was away giving evidence before this Commission I was left quite alone. I was laid up for two days with bronchitis and was unable to do any work. I should have another assistant at once.

6575. *Dr. Herman.*] Did any one suffer through your being laid up?—I think not, there were no very urgent cases at the time but there might have been.

6576. *Chairman.*] How long were you kept from duty?—I was unable to do much for about five days before Dr. Todd left; after he left for the first two days I was unfit for duty and could not do anything.

6577. *Dr. Dodds.*] Lately have not a good many of the duties devolved upon the assistant lay superintendent?—Yes, Mr. Jones assists me with some of the lay work.

6578. Has that plan worked well do you think?—It is not wholly satisfactory. I have a good staff of lay workers, and what I chiefly require is medical assistance, to do justice to 850 patients. What I wanted was an additional medical man and not a lay assistant. The appointment of a lay assistant did not meet the difficulty, though Mr. Jones has done his best to relieve me of some of my duties. The whole institution is a purely medical one; everything almost hinges upon professional matter, so that a lay assistant, however good or willing he may be, cannot afford much real assistance.

Dr.
S. P. Impey.
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6579. What are the duties delegated to the assistant lay superintendent?—The work of the institution may be roughly divided into four parts—1, the lunatic asylums, 2, the leper settlements, 3, the administrative department, and 4, the works department—the two first are purely medical, the fourth is in charge of the clerk of works, the third is partly medical and partly lay. In this department come the accounting work of the office, general office work, the bakery, butchery, stores, dairy, gardening, laundry, water distribution, &c. Mr. Jones has nominal charge of all the lay work of the administrative department.

6580. Are you satisfied with the present system of delegating the work?—No.

6581. Can you suggest any alteration?—I should like to have another medical assistant in place of the lay assistant.

6582. Do you think it advisable to have a resident magistrate on the island?—It is not in my opinion necessary to have a magistrate on the island.

6583. In any cases of dispute does it not rather relieve you to have a magistrate to refer cases to?—It might have been so, but unfortunately it has not been the case; and besides there is very little jurisdiction on the island for a magistrate among the patients in the wards. The lunatics are not amenable to law, the law does not allow the magistrate to punish the lepers, so that his duties are confined to the attendants and workmen, whose offences in most cases could be dealt with by the chief and medical superintendent under the rules for management of the institution, as breaches of discipline. I am thankful for Mr. Jones' services, and he does help me in many ways, and if I required a lay assistant I would choose him before any others I know, but the whole thing hinges on the fact that the wrong form of assistant was afforded me. I wanted medical help which unfortunately Mr. Jones is not able to give me.

6584. *Dr Herman.*] What procedure would you adopt before firing upon the lepers in case of an outbreak?—I would not fire upon them if I could possibly help it. If they attacked me or if there was a disturbance among them I would call out the guards who have revolvers, and try and quell it in every way. If they commenced to injure the guards I would have to shoot.

6585. What authority have you?—I have no authority at all.

6586. Would you not have authority as magistrate?—I do not know.

6587. Would it not be necessary to read the Riot Act first?—I cannot say; it is a very important point.

6588. Is it a fact that the guards have drawn their revolvers?—The head overseer drew his revolver on one occasion during a disturbance; it just shows what might happen.

6589. Is it advisable to arm these men with revolvers?—Certainly.

6590. Can you thoroughly trust them with firearms?—I think it better that they should be armed under all the circumstances: on the occasion of a recent disturbance the lepers were not unarmed; they had kerries and stones.

6591. They had not revolvers, had they?—No.

6592. Would it not be better to arm the guards with batons?—No; the very fact of their having revolvers in their possession is a safeguard against an outbreak.

6593. Can you give the amount of floor space in the wards?—A census has been taken, and when that is completed the information will be available.

6594. Do you keep a roll of the patients?—Yes.

6595. How do you arrive at the number of vacancies that exists?—From the register kept in the general office. When a pavilion is completed the number of beds in it is recorded in the office. The total number of beds is therefore known by the register clerk, who at a glance can tell the

number of vacancies there are in any department of the institution. Vacancy returns are forwarded to the Colonial Office and to the Inspector of Asylums every week. At present there are about 60 vacancies in the male leper wards.

6596. How do you arrive at that?—We have a register carefully posted up: a clerk keeps it and he reports the number of vacancies; every death, admission, or discharge is reported and entered in the register.

6597. Do you think some of the wards are overcrowded?—I have reported no vacancies in the female leper wards for the last two months, but the patients come over all the same and I am forced to accommodate them. I have written to the Government to say that if they send over any more I will send them back. My returns are practically useless. I send them in according to instructions every Friday, and the next boat day one or two cases came over, consequently we are overcrowded in the female leper wards, and we have to use the day rooms for the patients. It is only temporarily, however, as we are building another ward for the female lepers, to hold 25 cases.

6598. As to the self-cured cases, have you gone into them thoroughly yourself?—Most of them. I am going through them now and getting up the history.

6599. Are they periodically examined by yourself?—Yes. It is difficult to get hold of all the lepers; we have about 540. If you go to the male leper wards at any time except at night you will not find the men there; they are scattered all over the island, fishing, and so on. Some cases you see very seldom; they come in late, and go out the first thing in the morning. I am never at the wards later than five o'clock, except on special visits.

6600. *Chairman.*] Do not they come in to their meals?—Not to dinner very often; they eat the fish which they catch. Some of them almost live down by the water, and I have not seen them for months; they are off the first thing in the morning, and nobody knows where they go to—somewhere right at the back of the island is their favourite haunt.

6601. *Dr. Dodds.*] Do you miss cases altogether in that way, do you think?—I think some have been overlooked. I have prepared a list of all the cases on the island so as to find out the self-cured cases, but I have had great trouble in finding some of the patients. I am preparing a table for the Commission showing all the self-cured cases, the length of their stay on the island, and various other details.

6602. Has a leper ever escaped from the island?—No.

6603. Would it be possible to do so by getting into a fishing boat for instance?—It is possible, but it would be very improbable. One man—the very man who tried to smuggle the meat from the island, and who was one of the ringleaders in the late disturbance, and who has given me so much trouble lately—tried to get away in one of the cargo boats. This was shortly after his admission and before his character was known. On a pass obtained from me he went to the boathouse to see his friends off; he got into the boat somehow and hid himself under some things. The boat was being rowed to the steamer by the convicts and boatmen when he was discovered and brought back to the shore.

Cape Town, Friday, March 9th, 1894.

PRESENT:

DR. MURRAY (*Chairman*),

Dr. Hoffman, | Dr. Herman,
,, Fismer, | ,, Dodds.

Dr. Kohler further examined.

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6604. *Chairman.*] Do you know of any recorded cases where leprosy has spread through vaccination?—No. Inoculation experiments have failed.

6605. Have you any reason to believe that the disease has increased in this country?—No.

6606. Have you any reason to associate the spread of the disease with vaccination as it is carried on in this country?—No.

6607. Do you consider leprosy contagious in any of its forms?—No. We know the microbes of tuberculosis and of malaria, and both diseases can be inoculated. Still they are practically non-contagious. Leprosy belongs to the same category of diseases, it cannot even be inoculated. With reference to our discussion of last week about the non-contagiousness of consumption allow me to quote some authorities: Williams, report on the Brompton Hospital for consumption (*British Medical Journal*, 1882, Sept.); Fraser (ib. 1884, Jan.); Thompson (*Lancet*, 1880, Nov.); Bennett (*British Medical Journal*, 1884, Oct.) Hirsch in his histor-geograph, Pathology, 1886, comes to the conclusion that consumption is practically not to be considered contagious.

6608. *Dr. Hoffman.*] Does Hirsch deny that tuberculosis can be for the purposes of experiment inoculated upon any subject?—No; that can be done; he does not deny that.

6609. *Chairman.*] Do you in any way connect tuberculosis and leprosy?—So far there is some resemblance; there is a bacillus of tuberculosis and a bacillus of leprosy. The bacillus of tuberculosis can be inoculated; but every day's experience shows that consumption is not contagious in ordinary life, and consumptive people are not a source of danger to others. It is just the same with leprosy.

6610. *Dr. Hoffman.*] Do you hold that?—I hold that they are not a source of danger.

6611. If a father and mother were consumptive, would not there be every likelihood of their having consumptive children?—Yes, that is so.

6612. Then in that sense there is a danger, is there not?—Yes, but not in the sense of contagion.

6613. *Chairman.*] Do you regard that as spreading the disease by heredity?—Yes, hereditary predisposition.

6614. Do you think also that leprosy might be spread by heredity?—Leprosy seems to show itself more in some families who have a predisposition to it, but there is no proof that it spreads by heredity.

6615. *Dr. Hoffman.*] You admit that it is possible by way of experiment to inoculate leprosy, do you not?—It might be; it has not been done yet; but still, as there is a bacillus which is the cause of the disease, it is possible; that, however, would not prove that the disease is contagious in ordinary life.

6616. If you admit that for the purposes of experiment you could inoculate leprosy upon a patient, do not you think it would follow from that that the disease might be inoculated in other ways than by direct scentific inoculation?—It might be, but it does not happen, there is no proof of it. It is like consumption, it might happen perhaps in a very few cases, which amounts to nothing.

6617. Still you admit that under the present conditions of our

knowledge, there might be a danger, do you not?—It is not proved, but there might be a possibility.

6618. The only thing you want is the absolute proof?—Yes, and that it often happens.

6619. Do you not think the very fact that it often happens in families might be brought forward as a proof that it is contagious, because the members of a family would often times be in contact with each other?—There are many cases where only one member of a family is affected, which speaks against contagion.

6620. Still you admit there might be such a possibility, that it might be argued because often times several members of a family are affected, the disease may have been inoculated?—Yes, that might be argued, but there are so many cases against it, that such an event must be attributed to a common source of infection.

6621. I understand you to say that you have no reason to suppose that leprosy has increased in the Colony?—No.

6622. Have you made any study of the statistics in the Colony with regard to leprosy?—I have read several reports, but I have no personal experience. I never saw a leper in South Africa outside Robben Island.

6623. Have you been to Robben Island?—Only once.

6624. *Dr. Fismer.*] In your opinion the disease is not contagious?—No.

6625. And you do not believe it is conveyed by heredity?—I do not say that I do not believe it, but it is doubtful.

6626. How do you understand that in some families a great many cases have occurred?—There seems to be a predisposition in some families more than in others to acquire the disease if they are exposed to the same influence from outside.

6627. Do you mean an hereditary predisposition?—It might be so.

6628. Is it your opinion that outside influences might cause the disease?—Yes, that is my opinion, that only outside influences cause the disease, something like malaria.

6629. Have you seen any family trees showing the development of eprosy in certain families?—Yes, but against that I can bring innumerable cases where only one member of a family is affected.

6630. *Chairman.*] Have you any cases on record to bear out the statement that only one member of a family is affected?—Hirsch says:—"Out of an enormous number of cases I will mention only the following, Wortabet (*Medical Times and Gazette*, 1880, Oct.) reports on a case in Beirut, Syria, in which a leprous woman had lived for many years with husband and children, did all housework, and yet husband and children remained healthy. Brunelli (Report on leprosy, '64) says, that on Crete, 127 persons had lived for many years with lepers, without one of them contracting the disease. Manget (*ib.*) reports: I have known instances (in Guazana) where black women have cohabited for years with their husbands while labouring under confirmed and ulcerative leprosy, and had children by them without manifesting the slightest trace of the disease. Planck (*British Medical Journal*, 1880), reports cases of lepers, who had married two or three women, without infecting one. Similar reports are published by Bidenkap (*Vorsk Magazine*, 1858), Bolle from the Canaries, Benson from New Brunswick (Report on leprosy, 1867), Saturnin from Trinidad (*ib.*) Ebden from the Cape Colony (*ib.*) &c."

6631. *Dr. Fismer.*] Are not those single cases. Our experience is, that where you find one case in a family you can trace it in other generations?—This would not prove contagiousness. There may be hereditary predisposition to acquire the disease in some families, as there is in the case of tuberculosis, but the importance of inheritance is not so great. The Indian Leprosy Commission could trace a possible true family taint in the direct line in from five to six persons only of all cases examined, which amounted to considerably over 2,000.

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6632. *Dr. Dodds.*] I understand that you do not limit yourself to saying that leprosy is not very contagious, but you say that it is not contagious in any degree at all and never is contagious?—Yes, I do not know of any cases where it has been proved conclusively to be contagious. Contagious diseases spread in quite a different way.

6633. *Dr. Herman.*] I understand that you do not base your opinion as to the non-contagiousness of leprosy upon your own personal experience, but simply upon the reports that you have before you; what reports do you refer to?—I have already quoted *Hirsch*, second edition, 1883.

6634. That is simply a compilation, is it not?—Yes, but a recognised work of reference.

6635. Had *Hirsch* himself any personal knowledge of leprosy?—I do not know. In 1879 he travelled in South Russia.

6636. Did he investigate the disease scientifically or clinically?—Concerning his personal experience I know nothing.

6637. Upon what scientific evidence do you base your opinion as to the non-contagiousness of leprosy?—Hirsch bases his conclusion on the following reasons:—(1) The narrow confinement of leprosy to single, often very small centres, in spite of free communication of the inhabitants with the neighbourhood and under most unfavourable hygienic conditions, for instance in Southern Russia in the Caucasus, in the northern districts of Persia, in New Brunswick. Really contagious diseases would not remain confined like this. (2) The confinement of the disease at some places with a mixed population to certain races in spite of free intercourse. (3) In innumerable cases only one member of a family or one spouse was affected with the disease. (4) Doctors, attendants, or inmates of leproseries did not contract the disease, even after receiving wounds from knives, moistened with the fluid of a leper. (5) The disease does not spread abroad from the leproseries. (6) There are numerable cases, in which Europeans contracted leprosy in leprous countries and settled afterwards at home, without spreading the disease in their neighbourhood.

6638. Have you investigated those original reports?—No, but Hirsch has done so.

6639. Are they opinions or the statement of facts derived from personal observation and clinical study?—They are reports from medical men who have had practical experience of leprosy.

6640. Is it not your experience that in dealing with the subject of leprosy people simply express a preconceived opinion without carefully studying actual facts?—The reports referred to are from doctors who have a practical knowledge of the disease; they have studied it like the Medical Superintendent on Robben Island.

6641. What are the dates of the reports?—1858, 1868, 1874, 1880, &c.

6642. Do you think at the present stage of medical knowledge it is worth while going back so far as 1858; would not any report of that date be based on an incomplete knowledge of the disease?—In that case Sir James Simpson's classical History of Leprosy, published 1842, could not be so highly valued as it still is.

6643. If attendants on lepers seldom acquire the disease, does that prove that there is an absence of contagion?—No, not decidedly; you must take all facts as a whole.

6644. Attendants in lock hospitals do not become affected with syphilis very often, do they?—If they cut themselves, or if they have abrasions of the skin, they would get affected.

6645. Is it not a fact that attendants in lock hospitals hardly ever become affected with syphilis?—Yes, because they are very careful, but there are cases in leproseries where the virus gets into wounds and yet the recipient is not affected.

6646. Dr. Munch, speaking of leprosy in South Russia, states, "I

know on the other hand of three priests contracting the disease who casually administering the sacrament to lepers, naturally had not the safeguards used in a leper's home." He also mentions cases of attendants on the sick becoming affected. In a paper by Dr. Impey in the last number of the South African *Medical Journal*, he says, "We know further that those who come most in contact with lepers are also most likely to contract the disease, and in the Sandwich Islands 9 per cent. of the nurses and attendants become diseased, I believe?" Such cases, in which persons who came in close contact with lepers, were overcome by the disease, cannot be regarded as a proof for the contagiousness of leprosy, because these persons could as easily contract the disease without this contact, living as they were in a country where leprosy is endemic. The rare occurrence of such cases on the other hand strongly supports the view of non-contagiousness. Dr. Impey's opinion clashes with that of Dr. Dixon and Dr. Ross. I could mention very many reports of medical men of long personal experience testifying that attendants, &c., did not contract the disease. Also the Indian Leprosy Commission, 1893, confirms this general experience: all the persons, who had lived many years in close contact with lepers, either as their attendants or being retained in asylums on the suspicion of being lepers, and who were seen and examined by the Commissioners, have remained untainted, with one, or perhaps two, exceptions.

6647. Have you any other facts against the contagiousness of leprosy? Leprosy does not spread from leproseries to the surroundings.

6648. Upon what do you base the fact?—*Hirsch* mentions cases.

6648A. *Dr. Fismer.*] Are you sure that Hirsch has not changed his opinion during the last 10 or 15 years, seeing how greatly medical science has advanced?—During that time (since 1883) medical science as to leprosy has not advanced. Since 1874, when Hansen discovered the leprosy bacillus, no further progress has been made, and his discovery brought no light into the darkness of the pathogenesis is of leprosy. There was consequently no reason for Hirsch to change his opinion, especially not in face of the report of the Indian Commission, whose reasons for the non-contagiousness of the disease in 1893 coincide exactly with those of Hirsch in 1883. Surely their facts are new enough, neither can they be called a compilation Commission as their report is based on personal and scientific investigation. But also the old facts still hold good. Bargigli reports that on Mytilene the wretched lepers leave the leprosery and tramp as beggars through the island. Notwithstanding this, a transmission of the disease has not occurred (L'Union med., 1878.) Boeuk says the same with reference to Bergen, where the lepers of the asylum had free intercourse in the town (Carter, Report on leprosy in Norway, 1874.) Dr. Dixon reports: "the evidence gathered from officials and patients long resident on Robben Island shows that there is no authentic instance, with possibly one exception, of any non-leprous person on the island having contracted the disease, either direct or indirect, with the leper residents." As to the possible exception it cannot be held that there is conclusive proof that this solitary case originated by contagion. (Journal of the Leprosy Investigation Committee, 1891). Dr. Ross says: "I have never known of a case of leprosy having been contracted on the island, although they mix there freely." (Report of Select Committee, Cape Colony, 1889).

6649. *Dr. Herman.*] If syphilis, which is an eminently contagious disease, is not likely to spread in that way, how do you expect that leprosy will?—If syphilitic persons were confined in a place without being treated and mingled with others, no doubt the disease would spread. It is a frequent occurrence, also according to my experience, that a syphilitic servant girl infects a child by kissing; the sores of the child are considered innocent and treated with house remedies; by degrees the same rash appears upon the mother and some children; then the doctor is sent for, who is terrified to find nearly the whole family affected with syphilis. The way in which contagious diseases

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spread is quite opposed to that of leprosy. Syphilis, for instance, appeared in America only in the 16th century, imported from Europe, and in its spread there it followed the immigration and colonisation from east to west, progressing so that the development of syphilis in America represents the grade of the progress which civilisation has made at the various parts of this continent. The history of small-pox in America commences soon after the arrival of the first European immigrants; wherever these sooner or later settled they brought the disease to the natives.

6650. Does not that apply to leprosy?—No.

6651. In the Sandwich Islands it would appear that 9 per cent. of the attendants and nurses become affected, and you state that leprosy does not spread from centres; have you anything to prove that?—Hirsch says, "one of the facts which contradict the contagiousness of leprosy is the narrow confinement of the disease to single, often very small centres, in spite of free communication of the inhabitants with the neighbourhood, even under the most unfavourable hygienic conditions, which are especially fit to promote a spread of the disease. This applies to the extension of the disease on the South Russian steppes, in the Caucasus, in the northern districts of Persia, in New Brunswick, from where also Jeffries (*Lancet*, 1875), says: "I do not know where non-contagiousness of leprosy is better proved than among those descendants of one French family that brought the disease to New Brunswick." This moreover applies to many other places.

6652. I have here a report upon leprosy in South Russia by Dr. Munch (Journal of the Leprosy Investigation Committee, July, 1891), and he says: "In Turkestan leprosy is not uniformly spread. There are villages here and there where we meet with a large percentage of lepers, sometimes 1 in 100." Again in the Government of Astrachan where the inhabitants consist of Cossacks and peasants, the Cossacks who have adopted severe segregation measures against the lepers are almost entirely free from leprosy, while the peasants who have not adopted such rigorous measures are still considerably affected. Also the Tartars in the same Government, who live in complete isolation, and never with rare exceptions hold communion with Russians, are not affected by leprosy at all and do not even know its name. Does not that distinctly controvert the statement of Hirsch?—No, that wholly confirms the statement of Hirsch. To controvert them you would have to prove that leprosy has spread from these parts to others. But, on the contrary, it has decreased since the beginning of this century, although no segregation measures were adopted. These statements of Hirsch are further corroborated by the Indian Leprosy Commission, 1893. They say, leper communities in India have never acted as centres around which and from which leprosy has been diffused amongst the population. Segregation or partial isolation cannot explain this, as in places like Amritsar the lepers are not restricted in any way.

6653. *Chairman.*] Would not you recognize different strengths in contagious diseases, some spreading more and some less, and some not at all?—There are different strengths.

6654. *Dr. Herman.*] Do you not think the very horrible nature of the disease tends to make people avoid lepers?—That may be the case usually, but there are cases where people are not afraid of lepers.

6655. *Chairman.*] Do you know any places where people have no fear of mixing with lepers?—Yes. Dr. Kynsey, the Surgeon-General, Ceylon, says: "Leprosy is not considered contagious in Ceylon, and lepers are not generally shunned by their relatives or friends for fear of infection" (Leprosy in foreign countries, 1886.) On Formosa it is not considered contagious, and contact with lepers is not avoided (Ibin., 1891). Vinkhuizen quotes from an official report of Dr. Uhlig, who for many years made observations concerning leprosy in Surinam, Batavia: "Since I am here in the establishment of Batavia, in whose neighbourhood 500 Indians live, I see them daily coming here

or lepers going to them, they eat and drink together from the same dishes, they lodge with each other, wear each others clothes, and most remarkable of all, they smoke one and the same pipe or cigar, which wanders from the mouth of one to the mouth of another. This intercourse exists as long as the establishment exists, *i.e.*, over forty years, and for all that no Indian has been infected."

6656. Do you think those people would be sufficiently cultivated to understand the gravity of the disease: would you attach much importance to that report?—It proves the fact that these persons lived in close contact, smoked the same pipes, and so on, and yet there was not a single case of infection.

6657. *Dr. Herman.*] Was the author of those statements merely a casual observer who looked at the matter through a telescope, or did he carefully investigate and study it?—For a long time he lived in leprous centres and studied the disease.

6658. You mentioned the case of Mitylene. I have a report on leprosy in Crete, and what occurs in the one part of the Levant would also occur in the other very likely, with the same population and under the same circumstances. I find that in Crete the lepers are usually turned out of their own villages by the inhabitants, and they go to one of the three leper villages which exist outside. Would not the same condition of things be likely to exist at Mitylene?—There is also a leper village in Mitylene, but many of the lepers tramp as beggars through the island (Bargigli, l' Uni on med, 1878). On the smaller islands of the Archipelago they are perfectly free in their movements. In Constantinople also they are to be seen in the streets, and in contact, without any restraint, with the rest of the population.

6659. Do you regard leprosy as a disease which invariably kills after a certain number of years?—Yes.

6660. How, therefore, would new cases originate?—We do not know; I suppose from endemic sources, just like other non-contagious endemic diseases.

6661. If they come from endemic sources how is it that even where the disease is endemic cases do not come from centres where the disease has not pre-existed?—It has come from centres where there have been no cases before; Hirsch says in regard to such single cases which have originated in regions where leprosy as endemic has been extinct since centuries: "these cases remain as to their genesis just as mysterious, as the expiration of the disease in former times; in short here we are arrived at the end of our knowledge." Such cases have been published by Berndt in Kausels (Memorabilia, III); Wilson, (*Lancet* 1856); Busels (Karite, Berlin, 1858); Vourse (*Med. Times and Gaz.*, 1865); Stendener (Erlangen, 1867); Gaskoin (*Brit. Med. Journ.*, 1873, December, and *Med. Times and Gaz.*, 1878, January and May; Langlans (Virchow's Archiv, 1875); Donor (Ven-York med. Record 1875, November); Vidal (Gaz. des hopit. 1875); Kobler (Berl. Klin. Work, 1877, No. 46); Breuer (Vierteljahrschs. für Dermatol. 1880, VII.), and others.

6662. As a matter of fact, do you know that those were actually cases of leprosy?—Yes, they were. The diagnosis of many was confirmed at European Universities.

6663. You are aware that there is a good deal of difficulty in the diagnosis of leprosy, are you not?—Yes, sometimes, but those were actual cases, there is no reason to doubt it.

6664. Are you aware that last year a case of supposed leprosy caused a great scare in England, which on investigation was found to be something quite different?—Doubtful cases are frequent, yet more frequent are clear cases; and the above were clear cases. No doubt leprosy was confined to some places for 100 years and longer, and has not spread like small-pox or syphilis. That proves that it is not a contagious disease.

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6665. Is it possible to compare leprosy with small-pox or syphilis?—Yes, from the point of view of contagion.

6666. *Dr. Dodds.*] Has not leprosy spread very rapidly in the Sandwich Islands?—Yes, but that is an exceptional instance and does not prove contagiousness; other diseases which are not contagious have spread in the same manner; for instance, malaria also spreads in the same way outside malarial districts.

6667. *Chairman.*] Can you quote any instances?—There have been epidemics of malaria just like influenza.

6668. Do you mean malarial fever?—Yes. Intermittent fever.

6669. Becoming pandemic?—Yes. Speaking of malarial epidemics Hirsch says: "they frequently spread over vast tracts of country, sometimes even they develope into regular pandemics, progressing over whole continents." As far back as 1557 and 1558 we find, that such a pandemic had invaded the whole of Europe. The next one, concerning which we have accurate reports, lasted from 1678-1682, then follow others from 1718-1722, 1748-1750, 1770-1772 and 1779-1783. Now comes an interval, in which malarial fevers had disappeared altogether from the scene of national plagues, and also there where they are endemic, they had considerably decreased, when in 1806 a malarial pandemic arose, which invaded a large part of Europe, lasted till 1812 and coincided with a malarial epidemic, which prevailed from 1809-1811 over a large part of southern India. During the next ten years malarial fevers were again confined to their endemic centres, whereupon one of the most severe pandemics arose, which prevailed nearly over the whole surface of the earth and lasted from 1823-1827. The next pandemic was from 1845-1849, then from 1855-1860, then from 1866-1872. Another not less interesting phenomenon which frequently has been observed, is the formation of new malarial centres or an enormous increase of the disease in regions which have been completely exempt from it or where it was practically unknown before, and that without any changes in the soil having taken place. A parallel case to the increase of leprosy on the Sandwich Islands is the appearance of malaria in Mauritius and Reunion, where malarial fever was practically unknown, when in 1866 a malaria epidemic arose, which lasted for many years, and now the disease seems to have become endemic there. Many similar instances could be quoted. And yet malarial fever is a markedly non-contagious disease; it does not spread from individual to individual.

6670. *Dr. Herman.*] The malaria of science is not the malaria meant there by Hirsch is it?—Yes, it is the intermittent or common low fever.

6671. If Hirsch includes under the heading malarial fever as we know it, do you think his statement is to be relied upon?—I rely upon it. You find the same statement in every good work on pathology, also in Ziemsen's cyclopædia.

6672. Does not Hirsch say that cholera has occurred in the Cape Colony, whereas we all know as a matter of fact such is not the case?—No, on the contrary, among the countries which have been perfectly free from cholera, Hirsch distinctly names the Cape Colony (page 304).

6673. *Chairman.*] Do you regard Hirsch as a compiler merely or has he studied leprosy and other diseases personally?—Hirsch is professor at the University of Berlin and has studied the diseases he refers to.

6674. The reports to which you have referred are simply compilations, are they not?—Yes, but Hirsch is an acknowledged work of reference.

6675. Would you not recognize the fact that a man who makes a compilation is necessarily guided by statements made by various authorities and is unable to go into the vast mass of such statements and check them for himself?—He must rely upon the truthfulness of the statements and check them like an historian.

6676. There is therefore a possible source of error, is there not?—I might ask in reply, why should you believe the accuracy of the statements quoted on the other side.

6677. With reference to the spread of leprosy by heredity, do you recognize the possibility of its spreading in that way?—Possibly it may.

6678. By heredity do you mean pre-disposition?—Yes.

6679. Do you think that leprosy in this country spreads under those conditions?—I have no experience as to that.

6680. Do you think, speaking generally, that the disease spreads in that way?—It seems that some families are more liable to get it than others.

6681. Have you any personal knowledge of that from your observation of cases in this country?—No, but it seems to be admitted by nearly all writers on the disease. Anyone who is exposed to the endemic influence may get it, but persons with a family taint are more liable than others. But the hereditary predisposition alone is not sufficient to develope the disease. The Indian Leprosy Commission (1893) state, that with one exception all the children at the Almora Orphanage, born of leper parents, but separated from them and carefully looked after, remained healthy. Dr. Hansen found, that of the descendants of 160 leprous individuals, who had emigrated from Norway to North America, none had become lepers. Of the original 160 lepers only 17 are now living and there are no new cases. (Arib f. Derm. and Syph., 1889). Dr. Bookmann estimates that there must be in Minnesota about 100,000 persons of Norwegian descent whose ancestors were lepers, and yet leprosy never appears amongst them; all the leprous Norwegians in the State are imported.

6682. *Dr. Hoffman.*] What would you prove from that?—It seems to prove that leprosy does not spread either by hereditary transmission or contagion.

6683. *Chairman.*] Would you recognize in that case that those families had different surroundings and probably a different diet?—That may be so; the main point is they were remote from the endemic influence.

6684. *Dr. Hoffman.*] I understood you to say that the germs of the disease might arise out of the ground?—Yes, like malaria.

6685. Would not the surroundings of those people be different in America from what they were in Norway?—Exactly. I should say that the reason for the absence of the disease is that they were away from the source of infection.

6686. Would it not be a great help to them to be away from the source of infection?—Yes.

6687. What would you consider was the source of infection in their case?—In Norway the disease is endemic. If you take a person predisposed to malaria to another place which is free from malaria, he is away from the source of infection.

6688. Do you acknowledge that there is a source of infection?—Yes, certainly, but it does not follow that the disease is contagious, on the contrary, it follows that it is not contagious.

6689. How does it follow that it is not contagious when there is a source of infection?—Take the case of malaria. If persons live in a district where malaria is endemic, very likely they might contract the disease, but still malaria is not contagious If they go away from the place they do not infect other people with whom they come in contact.

6690. Are you quite positive that malaria is not contagious?—It is a generally recognized fact that malaria does not spread from person to person, although it is caused by microbes and can even be inoculated. The general idea is that the microbes germinate in the soil and are inhaled. But they have not yet been found beyond the human body, nor have they been cultivated. When I mentioned this at the last meeting, Dr. Herman contradicted

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me and stated that we knew all about it through the experiments of Tommasi-Crudeli, but the bacillus discovered by this savant in 1879, has been found to be, like many thousands other bacilli, a harmless inhabitant of the Roman Campagna. The discoverer of the malaria-parasites is Laveran, a French military surgeon. They have only been found in the blood, and all cultivation experiments have failed. With regard to their existence beyond the human body, only conjectures can be made. (Mannaberg, Vienna, 1893.)

6691. *Dr. Herman.*] As a matter of fact has not the germ of malaria been discovered and cultivated?—No; it has never been cultivated.

6692. Has not a later observer than Laveran actually cultivated the germ?—No, they have not succeeded, and as far as I know also the leprosy bacillus has not been discovered outside the body, nor cultivated.

6693. *Dr. Hoffman.*] In the report of the Indian Leprosy Commission it is stated that the bacilli have been found in the dust removed from leper huts; are you aware of that?—The report says: "Bacilli were never found in the dust removed from leper huts, though doubtful bacilli were obtained on examining earth from the footwalks of the Almora Asylum."

6694. *Dr. Herman.*] Do you know any modern authority of repute who denies that leprosy is both infectious and contagious?—I am not acquainted with all the literature on the subject, but I shall quote some authorities. Dr. Sandreczi, director of the hospital for children, Jerusalem, says: "I am obliged to declare that the result of my researches gives me the conviction that leprosy is by no means contagious, and that consequently the exclusion or isolation of the patient is both a useless and a cruel measure." (*Lancet* August, 1889.) Dr. Freeland, Government Medical Officer in Antigua, West Indies, says that the contagionists are, in this part of the world at least, in a decided minority (*British Medical Journal*, October, 1889.) Dr. Dunn, Professor of Dermatology in the Minnesota Hospital College, says: "At the present day the great majority of dermatologists teach that leprosy is not contagious, at least not in the ordinary sense of the term. There is no evidence to show that the malady has in any instance spread by contagion in a country where leprosy is not endemic." (*North-west Lancet*, 1888.) Mr. J. Hutchinson says the same with regard to the many lepers who come to Europe from abroad, remain there and mix freely with the public; not a single precaution against contagion is ever taken, and yet the disease never spreads. (Journal of the Leprosy Investigation Commission No. 1, 1890.) Dr. Kynsey, the Surgeon-General, Ceylon, says: "Leprosy is not considered contagious in Ceylon. It is in my opinion not contagious as syphilis and the exanthematous diseases. There is no conclusive evidence in the hospital records of communicability by direct contact with, in close proximity to, diseased persons." (Leprosy in Foreign Countries, 1886.) Mr. Wheeler, the British Consul of Bogota, South America, in his report for 1890 to the Foreign Office, observes: "For more than one hundred years that these places have been the chosen resort of lepers in all stages of the disease, who have mixed freely with the other inhabitants of the district, there is no case on record of the disease having been contracted by contagion." Dr. Robner, Professor of Dermatology in Berlin, denies the contagiousness of leprosy. (International Dermatology Congress at Vienna, 1892.)

6695. At all events you would consider, would you not, that the fact of the Indian Commission having reported that it is infectious and contagious is very important?—The fact is very important indeed, but this report is explicitly in favour of non-contagiousness. The Indian Commission take leprosy to be an infectious disease, that is, one caused by a specific microbe, the bacillus lepræ, but as such not necessarily contagious, as shown by malaria-pneumonia. The scientific and practical meaning of contagion should always be kept separate. Although a given disease in a scientific classification of diseases may have to be placed amongst the contagious ones, it may yet be practically non-contagious under ordinary conditions and surroundings. The Commissioners have arrived at the conclusion that, though leprosy

must be classed amongst the contagious diseases, yet the risk of contagion is so small that it may practically be disregarded, and the attention of legislators should therefore be directed towards the removal of predisposing factors. Also the statement, repeatedly made that the Indian Commission had found 5 per cent. of the cases to be caused by contagion, is based on a misunderstanding. They found, that of all the people who confessed to have lived in close family intercourse with lepers, only 5 per cent. contracted it by contagion, and disregarding all other possible causes of acquiring the disease, they claim this to be a weak point in the theory of contagion. But they are not at all of opinion, that these 5 per cent. contracted it by contagion, on the contrary they say explicitly, in no case could contagion, or the possibility of it, be demonstrated free from objection.

6696. *Chairman.*] You are aware, are you not, that there is a Segregation Act in force in this Colony?—Yes.

6697. Are you in favour of segregation as applied to lepers?—No.

6698. Will you give us your reason for that?—Firstly because I consider that the disease is not contagious, and secondly even if you consider it to be contagious it is so in a very small proportion of cases. I consider that segregation is quite useless and it would not stamp out the disease. There are many countries where segregation exists, and still it has not stamped out the disease. And in other countries, where nothing has been done, leprosy has decreased or even disappeared. In China for instance there are leper villages and yet the disease is very widely spread.

6699. Are there any records to show what leper establishments exist in China?—The leper villages in China are well known.

6700. Do you know under what conditions those leper villages are governed, or what access the people living outside the villages have to them?—I do not know whether they are strictly isolated.

6701. Have you any knowledge of leprosy in China?—I only know that the disease is very widely spread. I cannot say to what extent isolation is strictly carried out. I may say that Dr. Taylor, of Fuh Chow, states that a mandarin, about sixty years ago, desirous of stamping out leprosy, having invited all the lepers to a great feast in the hospital, surrounded it with soldiers and then set it on fire. Since then, if a man is known to have leprosy, he is at once sent off to the hospital. But for all that the disease did not die out. (Thin, 1891.) Richard, in his History of Tonquin, states: "In Tonquin leprosy is so common that there are pieces of land assigned where those attacked by it must reside. They are shut out from society, and it is even lawful to kill them if they enter cities or towns." For all that leprosy is still common in Tonquin.

6701A. Is there any other country which you can quote in support of your opinion?—There is a statement by Dr. Corney that the natives of Fiji were, until quite recent years, in the habit of killing all affected persons as soon as they developed breaks of surface, or soon after. (Thin). But leprosy still exists on Fiji. Also at Dutch Guiana and at Hawaii segregation was useless. On the other hand, in South Russia leprosy was very prevalent during the last century until the beginning of this century, and since then it has considerably decreased without anything being done. The same has happened in New Zealand; also in Norway the disease is disappearing without strict segregation, just like formerly in other parts of Europe.

6702. Are you acquainted with the former history of Europe as regards segregation?—Yes; although segregation existed, it was not strictly carried out; lepers were allowed to move about; there was no general law; every town had its own law.

6703. Are there not records to show that there were a great many asylums in various parts of Europe?—Yes; but there was no strict segregation.

6704 Are you aware that at one time leprosy was very prevalent in Europe?—Yes,

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6705 Do you consider that the isolation at that time had any effect at all in moderating the disease?—No. The lepers were not isolated, they moved freely about the streets and markets. This cannot possibly have stamped out the disease, neither materially moderated it.

6706. How did the disease become lessened?—We do not know. Just like in other countries, where nothing whatever was done.

6707. *Dr. Hoffman.*] You are aware that measles sometimes appear in one place and ultimately disappear, to what would you ascribe that?—I should say because the complaint has affected all those persons who had not been affected before; it disappears again, after all the disposed ones have had it.

6708. Do you consider leprosy a parallel case?—No.

6709. Nor small-pox and scarlet fever?—No.

6710. Do those diseases die out simply because they have infected most of those capable of being infected?—Yes.

6711. But you do not say it is the same in regard to leprosy?—No, certainly not.

6712. Therefore there must be some other reason to account for the disappearance of leprosy, must there not?—Yes, there must be, but what it is we do not know. There are other non-contagious diseases, like malaria for instance, which increase in some countries and then decrease again, without any changes having taken place; they appear in countries where they have never been before, but you cannot say why.

6713. *Chairman.*] Are you entirely opposed to segregation as a remedy for leprosy for the reasons you have given?—Yes. I could give you other instances to show that it is not a remedy. I might refer you to British and Dutch Guiana; in both countries leprosy is endemic. In British Guiana there has been and is no effectual segregation, whilst in Dutch Guiana there is.

6714. Have you any information at your disposal to show how the establishments there are carried on and under what conditions?—In British Guiana the negroes, it is stated, mix freely with lepers, whilst in Dutch Guiana any suspected person found to be a leper by a medical committee is sent to a leper establishment. (Thin, 1891.) Moreover, the experience in Hawaii has been the reverse of encouraging. Mr. Meyer, agent of the Board of Health at the leper settlement, Molokai, in his report dated April, 1886, observes that segregation has now been practised for twenty years, and the result is that there are as many lepers as ever; more than at the commencement. (Tebb, 1893.) Dr. Fitch, formerly medical superintendent, Molokai, Hawaii, says: "Segregation began in 1866 in Hawaii, and since that time has been followed out with a really brutal severity. Yet there is not the slightest evidence that the disease has decreased; at least I know of no such evidence. From all I hear from there the proportion of lepers continues as great, if not greater, than it has been for years; both the total number, and the proportionate number of cases would seem to have steadily increased. Bring these three facts together. In India, up to 1815, lepers were buried alive to get rid of them, and still the disease persists. In Norway the disease is disappearing without segregation, for putting two cases out of five into hospitals, where they are allowed to carry on their handicrafts, and selling the products to those outside, can not be called segregation. In Hawaii, where as thorough segregation as the Government, aided by public opinion, can enforce, is carried out, the disease steadily increases." (*New York Medical Record*, September, 1892.)

6715. Is it not a fact that in Norway, owing to segregation, leprosy has decreased by more than one half; in 1856 there were 2,900 lepers, in 1885 1195, and during that period the number steadily fell, with the exception of a slight rise in 1859?—This is a fact, but it is not owing to segregation. In Norway the lepers decreased from 2871 in 1857 to 1195 in 1885, although there was no segregation. Only a few hundred of the thousands were in

hospitals, and even these moved about freely. Only in 1885 a law was passed rendering the segregation of lepers compulsory, and since then they kept on gradually decreasing. Even now isolation is not absolute in Norway. The doors and gates are not kept locked, and the inmates of the asylum may be sometimes met in the neighbouring roads, those who have no ulcerations being allowed to go out. They are kept in on market days, and at Trondhjem, and probably at other places, they are permitted to enter houses or churches, or come in contact with other people. (Thin). The deduction, that such a non-segregation caused the decrease of leprosy in Norway, is quite arbitrary and cannot be upheld for a moment.

6716. Does not that go in favour of modified segregation? —No. Leprosy decreased in countries where nothing whatever was done.

6717. With regard to the condition of things in Hawaii, the official returns show that in 1890 there were 1213 in custody of the Board, and there was an actual decrease of 98 cases when segregation was adopted; are you aware of that?—In Hawaii segregation began in 1866, when the number of lepers reported in a census was stated to be 230. In 1886, after brutally severe segregation had been practised for 20 years, there were 650 lepers in the settlement on Molokai, in 1888 there were 850, in 1890, 1200.

6718. *Dr. Hoffman.*] Is it not a fact that people are afraid of the disease and separate themselves, and in this way it may die out?—In families they live in close intercourse. In New Zealand, according to the report of Dr. Thomson, it was considered that the disease had become less frequent during the last 20 years, and it was decreasing there without anything having been done. (*Brit. and For. med. Chirurg. Review*, 1854.)

6719. As a matter of fact in Australia and also in New Zealand, has there not been a strict Segregation Act passed?—Only quite recently in New South Wales.

6720. *Dr. Dodds.*] Are you in favour of voluntary segregation?—Yes; I would recommend that, and if patients are poor I would provide for them.

6721. When you use the term "voluntary segregation," do you imply that it should be with the consent of the patients themselves?—Certainly.

6722. How would you carry that out, you would have a certain number of persons who would consent and a certain number who would not?—I only say I think it would be a good thing for those who have no friends and cannot help themselves.

6723. Do you think it would have any appreciable effect in lessening the disease?—No.

6724. Holding your views, would you treat such patients in the general hospitals?—The popular feeling is against that, it would be better to have special hospitals or at least to keep them separate from the other patients.

6725. Your own feeling I take it, is that there is not the slightest objection to letting such cases be treated in the ordinary hospitals?—I see no objection personally.

6726. *Chairman.*] Do you think there is any other method of dealing with the disease?—Certain restrictions might be imposed.

6727. Would you approve of small asylums being built where patients could go voluntarily?—Yes.

6728. Would you isolate a husband say from his wife and family under those conditions?—If they like.

6729. You would allow freedom in such cases?—Yes. I think leper patients might be allowed to live in their own homes and move freely among the rest of the population.

6730. Would you approve of lepers being allowed to hawk fruit and so on?—I think some exception ought to be taken to such cases.

6731. Should a leper be allowed to sell meat, butter, sweets and so on? —No, certainly not.

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6732. Why not, if you say there is no risk of contagion ?—It is not a pleasant idea to buy such things from a leper who may have sores upon him.

6733. Would you make some provision against that ?—I would recommend a law to prevent lepers from hawking things about.

6734. If you prevent lepers acting as hawkers or salesmen how would you reconcile it with your previous statement that it is not necessary to adopt segregation or do anything ?—I say that it is not necessary to have compulsory segregation ; it is another question whether we should do anything at all.

6735. Are you in favour of passing a law to debar lepers from entering upon trade ?—Yes, certainly.

6736. Would you allow lepers to come into an hotel and dine at a common table with healthy people ; would you dine there yourself for instance under such circumstances ?—It is the hotel keeper's own buisness if he allows it. I would not care to dine with a leper, not because I am afraid of contagion, but because of its repulsiveness.

6737. You would object on sentimental grounds I understand ? —Yes ; there is no risk of contagion. I would leave the table if a leper was there certainly, or any person with open sores.

6738. How would you guard the public against the risk ?—You cannot do so, each can do has he pleases.

6739. Do you admit that there is a risk ?—No.

6740. Would you debar lepers from eating at a common table out of respect to public opinion, more as a matter of sentiment ?—Yes.

6741. Would you be prepared to allow lepers to live with healthy people under any conditions in the same house and among their families ? —Yes.

6742. *Dr. Dodds.*] Would you do absolutely nothing to check the progress of the disease ?—My opinion is that you cannot do anything beyond adopting hygienic measures.

6743. Would you try to improve the hygienic surroundings, the same as in the case of other diseases ?—Yes.

6744. Are there any regulations that you would make with reference to sanitary arrangements ?—Yes.

6745. But not specially directed against leprosy ?—No, generally.

6746. Is it not at all events wise that, under the circumstances of this country, segregation should be continued as an experiment ?—I think the experiment ought not to be made, because it is not proved that lepers are a danger to the public. As long as you cannot prove conclusively that they are such a danger and that the disease is contagious, such an experiment ought not to be made, it is too stringent a measure.

6747. *Dr. Herman.*] If you took an area which was known not only by actual historical evidence but by observation to be perfectly free from leprosy, and that on the introduction of one case of leprosy within a certain number of years an enormous number of cases has developed, what would you consider in all likelihood was the cause in the sequence of events ?—That it was imported by that person.

6748. Would you say that it spread from that one case ?—How it spread is a different question altogether.

6749. In what way is it a different question altogether ; is there any disease that you know of which can spread in that way which is not spread from an individual ?—Malaria and chronic-goitre for instance.

6750. I am speaking of a locality where such a disease has never been known before ?—Malaria and chronic-goitre have spread as epidemics in localities where they had never been before, and yet it is known that they are not propagated by persons suffering from them.

6751. *Dr. Hoffman.*] Can you prove that it has arisen without any single individual having imported it ?—It can be proved that they, although markedly non-contagious, spread as quickly as leprosy on the Sandwich Islands.

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6752. *Dr. Herman.*] Is it not a fact that up to a certain date the Sandwich Islands were perfectly free from leprosy, and that within a very short time leprosy spread and increased to an enormous extent from the introduction of single cases; how do you explain that upon any other supposition than that it was due to contagion, spreading from individual to individual?—It is not a fact that leprosy on the Sandwich Islands spread from the introduction of single cases, on the contrary this fact turned out to be a fable ten years ago already. Dr. Hillebrand had spread the news that leprosy, which had been unknown on the Islands before, had been imported there in 1848 by Chinese immigrants, and had spread within a very short time to an enormous extent. In consequence of this report the Academy of Science in Berlin sent Dr. Arming, in 1884, to Hawaii, in the hope that some exact facts might be ascertained with regard to the etiology of the disease. When Dr. Arming arrived in Honolulu it soon appeared that the report was false. Exact investigations showed that leprosy had been endemic on the Islands long before the immigration of the first Chinese, in fact longer than any account could be ascertained. The only certain fact was, that the disease had uncommonly increased in the course of the last twenty years.

6753. Do not you think after all it is likely that leprosy may spread in the same way as cholera or influenza, which until recently were not thought to spread by contagion?—There is no convincing proof that it spreads by contagion.

6754. Do not you think that any other explanations are rather artificial?—Not at all. It would be rather artificial to maintain that malaria spreads from individual to individual, because it sometimes developes to an epidemic.

6755. How do you explain that for ages and ages the general belief of people in all countries has been that leprosy is highly contagious?—In many countries they do not believe that it is contagious. Besides, the public confound it with syphilis and the like.

6756. In which countries is it not believed to be contagious?—There are many countries where they are not afraid of it.

6757. Was it not considered in the middle ages to be contagious and were there not special courts of enquiry into the disease?—In the middle ages not alone among laymen, but also among the medical men, the comprehension of the word leprosy was very wide, in which besides leprosy and sundry chronic skin diseases also syphilis had been included; besides the transmittance of the lepers into the asylums used to be made not by medical men, but by laymen. When towards the close of the 15th and in the beginning of the 16th century syphilis spread considerably in Europe, so that the medical men became better acquainted with the characteristics of this disease, the number of the lepers shrunk very much more rapidly, not because leprosy suddenly disappeared, but because syphilitic persons were distinguished from lepers. (Hirsch, 1883.)

6758. Is it not a fact that the historical evidence bearing upon the occurrence of syphilis is practically worthless?—No, I would not say that.

6759. We find in the Old Testament a clinical description of leprosy recorded; is it not more likely that the knowledge of leprosy in the middle ages would far exceed the knowledge of syphilis, and on that account at all events we would know more about leprosy, than about syphylis, would we not?—The word Sâraat in the Old Testament comprehends not only leprosy, but many other skin-diseases, psoriasis, scabies, eczema, &c., perhaps also syphilis. It is the same confusion as in the middle ages. But already in the 16th century, when people had learned to distinguish leprosy and syphilis, doubts arose about the contagiousness of leprosy; as enlightenment progressed, as unbiased observation gained the day, the adherents to the doctrine of the contagiousness of leprosy became more and more rare, and the belief in it continued at last only traditionally in ever narrowing circles. It was, as Simpson says, "the evidence of the opinion rather than of facts," which secured an existence to this belief. In modern times the number of

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believers had sunk to a minimum. Among the public the opinion still played a somewhat important roll, among the medical men only few were found, who, and that very carefully, did not exactly deny the possibility of a contagious transmission of leprosy (Hirsch.) The Report of the Royal College of Physicians, issued in 1867, states, "that the all but unanimous conviction of the most experienced observers in different parts of the world is quite opposed to the belief that leprosy is communicable by proximity or contact. The few instances that have been reported in a contrary sense either rest on imperfect observation, or they are recorded with so little attention to the necessary details as not to afford the above conclusion." Recently, in 1872 and 1874, the doctrine of the contagiousness of leprosy was revived by Hansen, who discovered the leprosy bacillus. But the existence of a parasite by no means proved the contagiousness of a disease, as is shown by malaria and pneumonia. What has to be proved is, that leprosy practically spreads from individual to individual under ordinary conditions and surroundings.

Mrs. Elizabeth Pavel examined.

Mrs. *Elizabeth Pavel.*

6760. *Chairman.*] Are you acquainted with Robben Island?—Yes.

6761. Have you held any appointment there?—Yes, I was there for over a year as matron in charge of the female lepers.

6762. When was that?—I went there in May, 1892, and left in June, 1893.

6763. Were there many female lepers in the wards then?—Yes, there were 192 when I left.

6764. Were there the same wards then that exist now?—Yes, unless some new wards have been built since I left. I had six wards.

6765. Did you find the lepers troublesome to manage?—When I first came I did, but not afterwards. At first when I came there was trouble about cleaning the wards, and the patients had no dresses; some of them complained about the cook.

6766. Had you any assistant?—No, I was alone, but I managed them very well after a time.

6767. Did they complain to you of anything?—They complained when I went about clothes and that the food was not good; some of them had no clothes at all, and when patients arrived I had no clothes to give them.

6768. What was the custom when you first went there with regard to the clothing, if any woman came short?—I have given them some of my own things as far as I could.

6769. Was no clothing served out at that time?—Very few things. They were not in the habit of serving out clothing according to the authorised list of kit to the female lepers when I went.

6770. Did you apply for clothing to Dr. Impey?—Yes; and he informed Mr. De Smidt, who came over, and after that the patients got clothing.

6771. Before you left, what was the usual custom as regards the issue of clothes to the lepers?—The female lepers had what they wanted.

6772. Did you requisition for new clothing when the old was worn out?—Yes.

6773. How did they manage about towels, sheets, and so on?—Some of the patients had no sheets on their beds when I came. Mr. De Smidt remedied that after I raised the question; he and Dr. Impey were unaware of the state of affairs.

6774. As regards the sleeping accommodation in the wards, was the bedding deficient when you first came?—Yes.

6775. What sort of bedding had they?—Iron bedsteads and mattresses.

6776. Were those in good condition?—No; they looked as if they had been a long time in use.

6777. When you were there did you ask for any further assistance?—No; the patients were very good and behaved well.

6778. Did they ever complain about the food?—No, never, after all was in good working order.

6779. Was it always good?—Very good and sufficient in quantity since I made patients cook.

6780. Did you get the same rations yourself?- No. I had my own rations in separate little bags.

6781. Who did the cooking for the leper women?—They had at first their own cook, a free woman, and then patient cooks.

6782. Were the wards scrubbed out when you first came?—They did not look nice; the convicts came and scrubbed them out.

6783. Were the wards scrubbed once a week when you came?—The convicts came twice a week, but they could not scrub every week each ward.

6784. How was the women's washing done?—When I first came they sent it to the male lepers to wash, and afterwards they did it themselves.

6785. On visiting days under what circumstances were friends allowed to see the patients?—Every boat day, three times a week, friends came.

6786. Were they allowed in the female compound?—Yes.

6787. Did you get any written instructions from the authorities as to how you were to administer the wards?—No.

6788. Was no book of instructions given you?—No.

6789. Were any instructions issued to you as regards the admission of visitors?—They could come on boat days.

6790. Had you no instructions as to whether visitors were allowed to bring any food or clothing to the lepers?—No.

6791. As a matter of fact did they bring any supplies of food sometimes?—Yes; cakes, sweets, and so on. I looked at what was brought.

6792. Did you find any cases of smuggling wine, spirits or tobacco?—No; I inspected every parcel.

6793. Where did the patients generally see their friends?—At first outside in the compound, and afterwards in the day room in presence of a patient nurse or myself.

6794. Did they ever go into the wards?—I never allowed them unless a patient was sick in bed and could not get out. A nurse was always present or myself.

6795. As a rule, they saw their friends outside?—Yes, in my presence.

6796. Did they kiss each other, and so on?—Yes. I could not prevent it; I had no means to do so.

6797. Were there any children born during your time in the leper wards?—No.

6798. Were there any children in the wards?—Yes, fourteen; all were leprous, only two were healthy.

6799. What were the ages of the two?—One was three years and the other five.

6800. Had you ever any complaints about the quality of the tea, coffee or sugar?—No.

6801. Nor as regards the meat?—No.

6802. Did they complain of the cooking?—No, after patient cooks were introduced.

6803. Did they complain of the way in which the clothes were washed?—No; every patient washed her own clothes. They had a little wash-house

6804. Did not the clothing go to the steam laundry to be washed?—Yes, at first, but they did not like sending their clothes there.

6805. Were they badly washed?—Yes, very badly.

6806. As regards the way in which the women were exercised, when

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were they allowed out of the compound?—They could go out for a walk. I took out as many as wanted to go, sometimes 50 or 60.

6807. In what direction did they go?—Nearly always down to the beach.

6808. Could you always control them when they were out?—Yes; they were very good and obedient.

6809. Did they meet the men sometimes?—They were never allowed to speak to them outside and the men also behaved well and never attempted to approach.

6810. At night time were the women supposed to be inside the compound?—When I brought them back from the walk they were never allowed to go out alone.

6811. Had you any written instructions as to the hours for breakfast, dinner and tea?—Breakfast was at eight o'clock, dinner at twelve, and tea at four.

6812. Were those matters left to your own discretion to a great extent?—No; there were fixed rules. Dr. Impey said I could arrange the hours which he sanctioned. At four o'clock I rang a bell, and then the men outside the fence had to go away; they were there from two to four p.m.

6813. How was the female compound guarded at night?—In every ward I had a female leper nurse and she looked to see if anything happened and came to call me.

6814. Was she in bed or did she remain up all the night?—She was in bed, but if wanted she got up; she had two others, and in the largest wards four others to assist her.

6815. She slept through the night and did not walk up and down nor sit in a chair watching?—No: when there were no sick patients it was not necessary.

6816. Had you any cases of women getting over the fence at night, or men getting into the compound?—Two days before I left, two men got inside. The constables were outside.

6817. Were these men discovered in the compound?—They got in, and some of the patients told me in the morning; that is how I found it out. I did not see the men myself; they were dressed as women.

6818. How did they get the dresses?—The women put the dresses out over the fence during the night, and the men put them on and came over the fence.

6819. Was that the only case you know of?—Yes.

6820. If it happened once, it might have happened before without your knowledge, might it not?—No; it never happened before.

6821. You would not have known about it then had you not been told, would you?—No, but I was well informed of everything.

6822. Therefore it is possible the same thing might have happened before, is it not?—I do not think so.

6823. Were the women generally speaking happy, or did they complain much to you about the island?—They never complained the whole year I was there, but just before I left. The Rev. Mr. ——— spoke to the patients about a petition to Parliament on the subject of their going home and then they got unsettled.

6824. Were they satisfied until that time?—Yes.

6825. Did they ever before that say that they wanted to leave?—No; they seemed contented with their lot.

6826. Are the female patients mostly coloured?—Yes.

6827. Did they sign the petition?—Some did and some did not.

6828. During the time you were on the island were there any disturbances?—No; nothing came under my notice.

6829. Did many patients come while you were there?—Yes.

6830. As far as you can tell did they improve in health at all?—Yes.

6831. What did you attribute their improvement in health to?—They were out in the fresh air and they got good food and their general surroundings were favourable.

6832. From your own observation did they generally speaking improve in health while they were on the island?—Yes.

6833. Did they ever complain at all of the wind and dust on the island or the heat of the sun?—No. Every eight days I asked if they had any complaints but they never complained.

6834. Did they amuse themselves in any way?—Yes: they had music, dancing and games, and they seemed very happy. Only since the Rev. Mr. ——— spoke to them about a petition to get away to the mainland, they began to be discontented.

6835. *Dr. Hoffman.*] Do you think Robben Island is a healthy spot?—Yes.

6836. Was there much annoyance from the glare of the sun or the sand?—No, the patients did not complain, there were trees in the compound. They used to come to the island quite thin, but in a short time they became stout and improved in health.

6837. Do you think they had better quarters and food than they would have got in their own homes as a rule?—Yes, some of the patients never got such good food as they got on the island. I remember one woman who expressed her thankfulness before she died, and so did many others.

6838. Is there sufficient accommodation for recreation, do you think?—Yes.

6839. And it was only after the Rev. Mr. ——— spoke to them that they began to complain?—Yes, they never complained before that.

6840. *Dr. Dodds.*] Have you found the patients easily managed?—Yes.

6841. Suppose there was a hospital on the mainland, would you have much difficulty in keeping the patients from running away or giving trouble do you think?—I think so. Of course some of them have nowhere to go to.

6842. Why did you leave Robben Island?—I did not want to leave; I was sorry for the lepers and liked the work, but Dr. Todd's conduct forced me to resign.

6843. *Dr. Herman.*] What was the immediate cause of your leaving?—Dr. Todd treated me badly, and I resigned.

6844. Was not he pleased with your management?—Yes, he told others that he was pleased.

6845. *Chairman.*] Was there a letter written by you giving the reasons for your leaving?—Yes; it is in the Colonial Office.

6846. *Dr. Herman.*] Were the female lepers well treated?—Yes, very well treated.

6847. Would you yourself be perfectly satisfied with the treatment they got?—Yes; they had every advantage and every comfort that could be given to patients placed in their unfortunate position.

6848. Could any improvement be made in their comfort or surroundings?—I think not. I cannot suggest anything. I do not know how it is now.

6849. Were the kitchen arrangements satisfactory?—Yes, there was a very nice kitchen built; previously it was too small.

6850. Were the latrines in good order?—They were rather small for so many patients.

6851. Was there sufficient water generally?—Not in the summer time.

6852. Was there enough drinking water?—Last year it was obtained from Cape Town; there was not enough on the island.

6853. Was there enough water for washing the patients?—Last year some days I had no water for washing the patients' wounds.

6854. Did you use cold or warm water?—Warm water.

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6855. Did you use disinfectants ?—Yes.

6856. You think the water supply is the only thing that might be improved ?—Yes.

6857. Were the beds good ?—Yes, after all was in good working order.

6858. Are you a German ?—Yes.

6859. From your experience, taking everything into consideration, do you think the leper asylum for females could be improved ?—No.

6860. *Dr. Hoffman.*] While you were there did the lepers ever have any medical treatment and medicine ?—Yes.

6861. Did they get medicine every day for the leprosy ?—Yes, and for other complaints if they wanted it. Some of them got medicine three times or more a day.

6862. Was the treatment continued all the time you were there ?—Yes.

6863. Who dressed the wounds of the patients ?—They had leper nurses.

6864. Had you every appliance for dressing the wounds, ointments and so on ?—Yes, everything.

6865. *Dr. Dodds.*] Did you dress the wounds yourself at all ?—No; there were leper nurses. I never dressed the wounds, but I looked at them.

6866. Did you use disinfectants yourself ?—Yes.

6867. *Dr. Herman.*] Did you take every precaution ?—Yes ; I was not afraid of the disease, but I always washed my hands with carbolic soap.

6868. *Dr. Hoffman.*] Did you think that there might be a chance of your getting the disease ?—Possibly I might. The great thing is to observe cleanliness in dealing with lepers.

6869. Did you always take special care to wash your hands ?—Yes.

6870. *Dr. Dodds.*] Who looked after the leper women who died during the night in your time ?—I did. They sent for me whenever I was wanted.

6871. Were patients ever found dead in the morning ?—If a patient was very ill the others would take it in turns to sit up.

6872. What was done with the dead bodies ?—They were removed to a small room, and then washed and dressed. I informed Dr. Impey when anyone died, and the body was fetched away.

6873. *Dr. Herman.*] Is not the communication between the leper wards and the village very imperfect ?—No.

6874. Were you ever put to any great inconvenience through not having better communication ?—No.

6875. Could you always get anything from the village quickly and without trouble ?—Yes.

6876. Do you think it would be a good thing to have telephonic communication with the village ?—I do not think it is necessary.

6877. *Dr. Dodds.*] Whom do you send as messenger ?—There was always a constable or someone else about whom I could send.

6878. *Dr. Herman.*] Can you send a constable away from his duty ?—They were constantly going with convicts to the village and back, and were allowed to take messages.

6879. Can you tell us why the constables did not detect the men getting into the female compound ?—I cannot say why they did not see it.

6880. Are you in a position to say that the constables on duty at night are thoroughly reliable men ; might they attempt to get in to the compound themselves ?—No doubt they could if they wanted to.

6881. How long were you on Robben Island ?—A year.

6882. Had you any experience of taking care of lepers elsewhere ?—No, except when I lived in Natal among the Zulus in a mission.

6883. Are you a trained nurse ?—No.

6884. *Dr. Dodds.*] Have you ever heard of any other instance of men getting into the female compound except the case you mentioned ?—No.

6885. *Dr. Herman.*] As a result of that visit a child was born, was there not ?—No, in my time no child was born.

6886. Was no child born subsequently ?—Not in my time.

6887. Did you find out who the men were ?—Yes, the patients came and told me. It was two days before I left.

6888. *Dr. Dodds.*] Since you left have you heard any reports of a similar occurrence ?—No.

6889. *Dr. Herman.*] Do you think the men came because they were tempted to do so by the women ?—No; the men tempted the women.

6890. Do you think that often happens ?—No. I had a good nurse in every ward, and I could trust them. They informed me of all.

6891. *Dr. Dodds.*] Do you think the women were often out at night ?—No. They had to go to bed at eight o'clock. The rule was that if anyone wanted to go outside after nine, two others must go also with a lamp. It was in this way that the men were discovered.

6892. How often are friends admitted to see the patients ?—When I was on the island they came at first every boat day, later on once a week.

6893. Are they allowed inside the compound to go where they please ?—I always asked for their pass and I put the patients and their friends together in one room and I stopped there, or a patient nurse did. If a patient was sick, the visitor had to have a special pass from Dr. Impey to go into the wards. During my time visitors could not go into the wards and do as they liked.

6894. Did you stop with the visitors all the time ?—Yes, I or a nurse.

6895. Did the visitors always go away at meal times ?—Yes, they were not allowed inside until the dinner was over.

6896. *Dr. Herman.*] How many healthy nurses had you under you ?—They were all able to do the work properly and appointed by Dr. Impey.

6897. Did you not find it exceedingly difficult to attend to everything ?—No, because the system which Dr. Impey introduced worked very well and the patients were happy and obedient.

6898. Did you have plenty of time to look after the patients ?—Yes.

6899. Did you keep any books ?—My husband was living with me on the island and he kept the books.

6900. Did you see to the giving out of the rations and seeing that the cooks did their duty ?—Yes.

6901. *Dr. Dodds.*] Who cooked for you ?—I used to cook in a small paraffine stove, but I hardly ever had a proper dinner while I was on the island.

6902. Did you get your food from the general kitchen ?—No, from the general store in the village.

6903. *Dr. Herman.*] Did you have things sent from Cape Town ?—Yes.

6904. Was your husband often in Cape Town ?—Not often; I used to send for things from town.

Mr. William Pavel examined.

6905. *Chairman.*] Are you acquainted with Robben Island ?—Yes.

6906. Have you held any appointment there ?—Yes. I was appointed on the staff there the 12th May, 1892, till November, 1893, first at the leper wards and then as kit and equipment clerk. I produce my testimonials.

6907. How long were you there ?—Eighteen months.

6908. Did your wife leave before you ?—Yes.

6909. During the time you were there, were you connected with the female leper wards only ?—Yes, but afterwards as kit and equipment clerk. I had to do with the male wards also.

6910. Were there many patients there at the time ?—I think about 200 females and over 300 males.

6911. During the time you were there had you any difficulty in discharging your duties with regard to the patients ?—No.

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6912. Did you have any difficulty with the officials at all?—I had some difficulty in my capacity as kit and equipment clerk; they did not furnish me with the returns.

6913. Who should have furnished you with the returns?—The superintendent of male lepers, Mr. Fitch, and the matron of the female wards.

6914. What difficulty had you in obtaining the returns?—Mr. Fitch did not obey the orders he received from Dr. Impey to furnish me properly with the returns.

6915. What did you do when you failed to get the proper returns?—I could do nothing, it was out of my power.

6916 Did you draw attention to this irregularity by letter?—Yes, I addressed letters to Dr. Impey, and he gave orders again but they were not executed.

6917. Were you senior to Mr. Fitch?—No, I held a separate office.

6918. During the time you were there did the male or female patients complain to you about want of clothes?—The male lepers complained to me that they had not sufficient clothing, and their complaints were perfectly justified because I could see from the books that the clothes were not served out according to the authorised list of kit.

6919. How often were the clothes supposed to be served out?—When ever it was necessary; the patients ought to have had what Government allowed them, but they did not receive it, as the books show.

6920. Did they complain of the cold through want of clothing?—Yes.

6921. Did the female lepers complain also?—As long as Mrs. Pavel was there they had their kit complete, but at first there were many complaints.

6922. Did you have any other difficulty in transacting business on the island?—None as clerk of kit and equipment, except the one I have mentioned.

6923. During the time you were there did any disturbance take place?—At the female wards we were perfectly secluded and had no intercourse with anybody.

6924. Were there any disturbances between the male lepers and the officials?—I have seen nothing myself. I heard a great deal of the kind.

6925. Did you find the female lepers difficult to manage?—At the beginning they were noisy, but after Mrs. Pavel had the management for a short time, they were very good.

6926. Were they at all dissatisfied with their condition?—No, the female lepers were perfectly happy after a short time.

6927. Were they well fed?—Very well.

6928. Did the male lepers get a sufficient quantity of food?—Yes, as far as Government provided it. The only failure was in the management.

6929. How would you seek to improve that?—I would do away with the practice of letting white people wait on the coloured, as the latter only grow more and more insolent and seek more and more of everything, if white people wait on them. The coloured people ought to have their own cooks and attendants, a practice which has been introduced with success in the case of the female lepers.

6930. Is there any other defect that you know of?—In September, 1892, Mr. De Smidt declared to the patients that there was no hope for them to return home; that they would have to remain and die on the island. This was most beneficial, for after a few days sadness they became perfectly quiet and even happy, but * * * * * spoiled all by inviting the patients to sign a petition for Parliament to return home. The male lepers always complained about food and clothing, but the women were satisfied in this respect since Mrs. Pavel introduced the self-supporting system. The men, especially after hearing that they had to remain on the island, complained more and more strongly about food and clothing, but in vain, and unless the system introduced at the female wards is introduced among the males they never will be satisfied, and I think their complaints are justified. The men said that if the Government would not provide properly for them they should be allowed to return home. The

Government provides most generously for the lepers, but orders are not executed by the superintendent of male lepers and the chief clerk, in spite of Dr. Impey's repeated instructions to them. If the patients got all that the Government allows they would be satisfied.

6931. How do you know the orders are not carried out?—From my own experience as kit and equipment clerk. If the patients needed coats, trousers or underclothing or whatever it was, perhaps there were none in store, anyhow they did not get these articles. Requisitions would be sent for these things and the storekeeper would say he had none in store. It was the same at the beginning in regard to the females. If there are none in store it is the fault of the chief clerk; he should order them in time.

6932. *Dr. Hoffman.*] Did it often happen that things were not in stock?—Yes, continually.

6933. *Chairman.*] When did the patients get the things eventually?—Perhaps months and months would elapse.

6934. Do you know from your own experience that sometimes a patient was in want of a certain article of clothing for months before he got it?—Yes.

6935. Can you mention any cases now?—I have not the names at the moment, but I refer to the books which I kept as clerk of kit and equipment.

6936. *Dr. Dodds.*] Were they important articles or only trivial things?—Clothing, important things.

6937. Had a patient ever to stay in bed while his things were being washed, or anything of the kind?—That happened very often with the female lepers at the beginning before things were properly organized. Dr. Impey gave very good instructions; he said there ought always to be a reserve stock for ten new patients. If this had been done there would have been no difficulty.

6938. *Chairman.*] Was the quality of the food good?—Yes.

6939. Was there enough?—Yes.

6940. Were the meat, vegetables and bread good?—Yes. As far as I have seen the supplies are very good The Government are very generous.

6941. Did the male or female lepers ever complain to you about the food?—The male lepers complained very often that they had not enough and that the food was not prepared in a manner that they liked, especially the Kafirs; they used to say that the food was prepared for pigs and not for men. I think it was a great mistake for * * * * * to draw up a petition in reference to the lepers leaving the island.

6942. When did that occur?—Shortly before Mrs. Pavel left.

6943. How do you know he did that?—I was there when he sent to the wards inviting the patients to sign the petition.

6944. Was it signed by the patients?—Yes.

6945. What was the object of the petition?—For permission to leave the island. It was a great mistake as it made the patients troublesome.

6946. *Dr. Herman.*] Did * * * * * or the patients themselves initiate the petition?—He sent to the wards, inviting them to come and sign it.

6947. What grounds have you for saying that you think he did?—He offered his services.

6948. You have no ground for saying that he originated the petition?—All I know is that he invited them to sign it.

6949. Did the patients go and ask him to draw it up, or did he go to the patients with the petition and ask them to sign it?—He came one evening with the petition, and he asked the patients to sign it.

6950. Had he been asked to draw it up?—I do not know.

6951. *Dr. Hoffman.*] Did the patients become troublesome after he set about drawing up the petition?—Yes, that was one cause; it disturbed their minds.

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6952. Had they more complaints afterwards?—Yes, they wanted to go home, and they were even insolent to Mr. De Smidt and the Hon. Mr. Faure; before they behaved always very nicely.

6953. Did he go round receiving complaints from the patients?—His intention was to help them to go home.

6954. They did not give any other trouble beyond that?—No.

6955. *Dr. Herman.*] What year were you on Robben Island?—In 1892 and 1893.

6956. *Dr. Dodds.*] Can you make any other suggestions for the improvement of the administration?—The wish to be segregated on the mainland is inspired by the hidden desire to then run away.

6957. *Dr. Herman.*] Do you think they would attempt to escape if they were on the mainland?—I think so.

6958. Would there be any more difficulty, do you think, in keeping the lepers within bounds than there is in keeping children in a reformatory within bounds?—I think in some respects it would be more difficult. The lepers consider that they do not deserve to be segregated and therefore they would use more efforts to get away than children would.

6959. Do not you think if they were in some pleasant place and kindly treated they would prefer to remain?—No; Robben Island is the best place for them.

6960. On what grounds do you think that?—They think that their confinement is a great injustice, and the majority of the lepers are natives, and they do not regard the disease in the light that we do, especially in the anæsthetic form.

6961. You think that under any circumstances Kafirs would always try to escape home?—Yes.

6962. Would you say that also with reference to European patients?—No; they are more civilized.

6963. Would you make a difference in that respect with regard to the segregation of Kafirs and Europeans?—Yes.

6964. Would there be a difficulty, do you think, in keeping within bounds the ordinary Cape boys and half-castes?—Robben Island is the best place also for them.

6965. Is not the punishment of sending Kafirs across the sea to Robben Island a great deal more severe than the punishment of sending a white person or a Cape boy there?—I think the Kafirs feel it more intensely than white people to be on an island.

6966. Are there any other points you wish to mention?—I do not think the white people should wait on the coloured people. There are white nurses and attendants for the coloured men, but I say the coloured people should be waited on by coloured people, otherwise they will get troublesome, it is the character of the natives.

6967. Do you think they should have a black doctor?—No.

6968. The doctor often waits upon coloured patients, does he not?—Yes, but they understand the difference.

6969. Would you have a black matron?—No, there again they quite understand that she is superior to them and is placed over them.

6970. Do not you think the moral influence is very much more increased by having white nurses of a superior class among these people?—I don't think so.

6971. Would it not be a great advantage if every ward had two white nurses during the day and one white nurse at night to be with these people?—I see no advantage in it. It is all very well for the white patients but it never will work well in regard to the Kafirs and coloured people

6972. Is it not a great hardship for white persons, many of them ladies, to be herded together with the black people in the way they are in the compound?—On Robben Island white patients and coloured patients are not herded together.

6973. Are they very much given to complaining of their isolation from people of their own class?—No. In Mrs. Pavel's time there was no lady among her patients.

6974. Is there any special accommodation for reading and recreation?—Some of the European patients cannot read.

6975. Who attends to the white European female patients?—Coloured nurses.

6976. Is it not prejudicial to their comfort to be attended to by coloured nurses?—The coloured nurses are very good and kind and better than white nurses for lepers.

6977. They are not highly cultivated or skilled, are they?—No; but adapted to the class of the patients.

6978. Do you think there is much occasion for nursing?—In some cases.

6979. Do you know that the death rate among lepers is exceedingly high?—Yes, very high.

6980. Are you aware that out of 500 lepers on Robben Island about 110 or 120 die every year?—Yes. But it will be less in future as some dying people were brought to the island.

6981. Is not there a very great deal of illness among the patients which needs attendance?—Yes.

6982. Do you think the female patients suffered any hardships through not having proper nursing or proper hospital accommodation when they were sick?—No; they had everything and were satisfied.

6983. Were they well nursed?—Yes, and they had every advantage.

6984. *Dr. Hoffman.*] Was there a sufficient number of attendants at the different wards?—Yes.

6985. You do not think they are undermanned on the island as regards attendants?—No, they have sufficient.

6986. *Dr. Herman.*] From your experience do you know that patients are paid for little services rendered in the wards?—No.

6987. Is it the fact that some of the patients who are ill have to pay other patients to wash their clothes?—No; not when Mrs. Pavel was in charge, now I don't know.

6988. Not for rendering little services in the way of attendance and so on?—No, not under Mrs. Pavel.

6989. Do you wish us to understand that notwithstanding that it is the practice among the leper patients to hire themselves out to those who are not strong enough to do things, yet the latter get proper attendance and care?—They get it, and many lepers are perfectly strong and able to work just as a free person on the mainland.

6990. Are there not certain patients who get certain services done for them by other patients and have to pay for such services?—Not to my knowledge.

6991. In your time were there any leper patients who did washing in the compound?—Yes, most of them.

6992. Was all the leper washing done in the compound?—Very little was done at the laundry.

6993. Was there a steam laundry built?—Yes.

6994. Have there been any complaints about the washing at the steam laundry?—Many.

6995. Was that under your control?—No.

6996. Under whose control did the washing at the laundry come?—It was under the superintendent of male lepers.

6997. Was the washing from the female wards under his control?—I think so, because he gave every week a receipt for the washing sent by the female lepers.

6998. Who had the control of the washing at the female leper establishment?—The matron.

6999. Did she receive any complaints as to the way in which the washing

Mr. *Wm. Parel.* — March 9th, 1894.

was done?—I do not know. The female lepers often complained about their washing being sent to be done by the male lepers, and therefore it was washed in the compound.

7000. Did they prefer to do their own washing in the compound?—Yes.

7001. Did it not happen that some of the patients who were too ill to get up and do their own washing hired someone to do it?—They helped each other.

7002. Did they pay them?—I do not know. I know they were dissatisfied that their washing was done by men.

7003. Supposing certain patients required daily nursing, do you think they were able to get it when you were there?—Yes, better than if there had been white nurses. I have known cases where the coloured patients have been very good to each other, sitting up with them, holding them on their arms for hours and so on; a white nurse never would do that.

7004. Do a good many cases of erysipelas occur in the wards?—I cannot say.

7005. What precautions are taken to prevent its spread?—I do not know. The leper nurses are not afraid of this disease. There was a white nurse originally, but she would do absolutely nothing.

7006. Did not that arise from ignorance on the part of the white nurse?—It may be so.

7007. Was she a trained nurse?—I do not know; she was only there a short time.

7008. You have really had no experience of white trained nurses in the institution, have you?—No; but the experiences with white nurses at the male wards seem not to have been satisfactory.

7009. Did you live at the female leper compound when you were on the island?—Yes.

7010. Was it sufficiently clean and well kept?—Yes.

7011. Do not you think trees, shrubs and flowers might be cultivated?—Yes, I think so. It has been promised. Dr. Impey wished to destroy the rabbits.

7012. Is the sanitation and cleansing of the compound perfect?—No, not perfect in regard to drains, &c.

7013. Who was responsible for that?—The clerk of works. Twice a week some of the convicts came in charge of a constable and cleaned the wards. The water-closet arrangements were bad, and some of the patients who had no feet could not use them.

7014. Is not that a case in which better attendance would be a great comfort to the patients?—Yes.

7015. Did you notice any nuisance arising from bad smells?—If there was anything of the kind it was at once remedied.

7016. Have you had any experience of hospitals in Europe?—Yes.

7017. Were the flies a nuisance in the wards?—Yes, there were a great many; that was owing to the seaweed I think; as soon as there was a quantity of seaweed the flies came.

7018. Do you think the large number of flies, especially in the female compound, was due to dirt about anywhere?—There were not more flies in the wards than in other quarters of the village, all over the island.

7019. You think there was nothing to complain of in regard to the cleanliness of the wards?—No; there was not a year ago, I do not know what it is now.

7020. I suppose there is always a certain amount of difficulty in regard to sanitary arrangements where a large number of people is massed together?—Yes, especially where there are no proper drains.

7021. *Dr. Hoffman.*] On the whole, do you consider Robben Island a healthy place?—I think so. I was ill in Natal, but when I went to the island I recovered.

7022. Did the patients improve after they came to the island?—Some

did, especially the coloured people, who were in very poor condition when they came. They got good food and had comfortable beds, and in a short time some of the women got quite fat.

7023. Did they experience much trouble from the sand?—Yes, the men complained often; some wore smoked glasses, which are provided by the Government gratis to all the officials and patients if wanted.

7024. Did they complain of the excessive heat in summer and the cold in winter?—I do not think there was much difference between the island and the mainland. The patients did complain of the cold; lepers would do so also on the mainland.

7025. Did they suffer much from chest complaints?—Yes.

7026. *Dr. Herman.*] Will you give us some information as to the books you kept?—There were some books which I kept at the female leper wards. They contained the date of arrival of each patient, where they came from, and other particulars; a list of the clothes each patient received and so on.

7027. Did you put down what clothes they brought with them?—No, the clothes that were issued. I had also to take the cases of every new arrival, *i.e.*, I asked certain questions.

7028. Was there any medical case book kept before that?—Yes.

7029. Did these questions refer to the cases of the patients?—Yes.

7030. Have you had any medical training?—No.

7031. Then you were not in any way in a position to gauge the value of the evidence you collected, were you?—I just recorded certain facts—nothing medical, only statistics.

7032. In what way did you take the cases?—There were about thirty questions which I had to put. Dr. Impey gave me these questions. It took sometimes a very long time, especially with the Kafirs.

7033. *Dr. Dodds.*] Did you make the entries in the case book yourself?—I simply put down the answers to the questions, and these were supplied to the medical officer who had the case book. My book was merely an appendix to the case book, containing statistics.

7034. Did you often question the lepers as to how they got the disease?—Yes, and I nearly always got the same answer; they said they caught it through a cold.

7035. Did they generally say that they had lived with other lepers?—Some did.

7036. Do you think they were inclined to deceive you and say they had not associated with lepers when they had?—Yes. I tried to find out by asking others, and very often I discovered that they deceived me.

7037. *Dr. Herman.*] Is there anything else you wish to mention to the Commission?—I think it would be well to tell the patients again that they cannot leave the island if the Segregation Act is kept in force. They will only be very unhappy by living on false hopes. I think that those who can be treated at home properly ought not to be kept on the island; there would not be very many because the expenses would be so great. For those who have no home where they can be properly treated I think the Segregation Act ought to be kept in force for their own benefit.

Cape Town, Monday, March 12th, 1894.

PRESENT:

DR. MURRAY *(Chairman)*,

Dr. Dodds, | Dr. Herman,
,, Fismer, | ,, Hoffman.

Rev. Dr. McCarthy examined.

Rev. *Dr. McCarthy.* — March 12th, 1894.

7038. *Chairman.*] Have you held any official appointment in connection with Robben Island?—I have been Roman Catholic chaplain there.

7039. Did the Government give you any instructions?—No; I merely succeeded somebody else.

7040. How long have you held that office?—I was appointed fourteen years ago, and I have done active work there for the last six years.

7041. How often do you visit Robben Island?—Once a month.

7042. Do you visit the leper patients?—My own people; but there are very few lepers who are Roman Catholics.

7043. Have you visited them recently?—I was there a week ago.

7044. Did they come down to meet you at the boat?—No, I see them in the wards.

7045. Do they complain to you of the quality of the food?—No. There is a woman who has bad teeth and she has complained occasionally that she cannot eat the bread.

7046. Do the male patients complain to you at all?—No, I have no chance of speaking to them; the only leper patients among the men are half imbecile.

7047. *Dr. Dodds.*] How many lepers are there who are Roman Catholics?—Three men and one woman.

7048. *Chairman.*] Do you come in contact with the other patients at all?—I do not speak to them.

7049. Do they ever complain about the food or clothing?—No.

7050. Nor about the general treatment on the island?—No.

7051. Are the Roman Catholic patients white or coloured?—There is one coloured, the others are Europeans.

7052. From your observation in passing through the male wards, have you generally been satisfied with the condition of things?—Yes.

7053. Do you think the patients are well housed and cared for?—Yes; many of them are a great deal better off than they would be in their own homes. The men have asked me occasionally for such things as cigarettes and pipes.

7054. In the female leper wards have you had many complaints?—There is only one Roman Catholic patient in the female ward, a white woman who has lost her hands and feet.

7055. Is she confined to bed?—They carry her out in fine weather and put her on the stoep.

7056. Have the other female patients ever complained to you of anything at all?—I do not speak to them; they have not complained to me, certainly.

7057. Can you suggest any improvement in the female leper wards?—Yes: I was strongly opposed to the wire fence round the female leper compound from the very beginning. If you enforce segregation it should be absolute. You have a lot of men there who have nothing to do all day, and you put them on one side of a fence and the women on the other, which is anything but proper.

7058. Do you think that the fence assists in segregation, or is it a mere

matter of form ?—I do not think it is effectual, and I consider the whole thing is a stimulant to immorality.

7059. Could the women get out if they desired ?—I doubt it ; but it leads to any amount of indecency.

7060. What would you suggest in its place ?—I think the men might interview their wives occasionally ; but that might be done in separate rooms.

7061. Do you think the men could get over the fence at night ?—I am sure they could.

7062. Although there is a fence you think in reality there is no segregation ?—I do not know whether it attains the end of segregation, but it can hardly be considered a desirable thing, in my opinion, to have a lot of men and women separated in that fashion, and looking at each other through the fence.

7063. Would you propose to do away with the fence altogether ?—I think it is a great pity that the two asylums cannot be in entirely different places.

7064. It has been stated in evidence that there are guards at night round the female lepers compound, do you approve of that ?—I do not see how you can guard the compound sufficiently ; it is a large place.

7065. Would you be in favour of having the sexes segregated in different places, say the men on the island and the women on the mainland ? —If possible it would be a good thing.

7066. Do you think that would tend to the good government of the island ?—I have not considered it from that point of view. I think it would certainly tend to prevent immorality and no doubt assist in the better administration of the island.

7067. Do you think that immorality goes on to any extent at present between the male and female lepers ?—I have no definite knowledge. I am only looking at the opportunities that exist.

7068. Have you seen the men conversing with the female lepers ?—Once or twice, but I have not gone near enough to observe.

7069. Have you ever been on the island when friends have come over on visiting days ?—Yes, I have seen the patients chatting with their friends.

7070. Do the male friends come inside the compound ?—I do not think so.

7071. Do they kiss each other ?—I have not noticed.

7072. As regards Robben Island from a climatic point of view, have you formed any impressions about that ?—I could not speak as to the climate.

7073. Do the patients complain about the climate at all ?—No. So far as I am aware, I believe they all enjoy good health on the island, the officials and attendants as well as the patients, apart from their leprosy.

7074. Do they complain about the island at all ?—No.

7075. Do they complain about the wind, the changes of temperature or the glare ?—No, I have not heard of any complaints except such as you would hear on the mainland. There was the typhoid scare which frightened them.

7076. Have you ever observed the lepers give presents to their friends when they leave them ?—I have heard so. I have not observed it personally.

7077. Do you think the male lepers are fairly comfortable ?—I think so, as comfortable as they could be under the circumstances. I do not see how you can stop complaints under a system of segregation, but so far as I could see they are very well off in regard to food and accommodation. Last winter there was a complaint about the scantiness of the clothing, but clothes were supplied by benevolent people.

7078. Do they ever complain to you about feeling cold in the winter, or about not having enough clothing ?—No : the complaint reached me through one of the attendants, and I asked him to find out for me what the

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patients wanted. He said they wanted some extra clothing for the winter, and some benevolent ladies worked for them.

7079. With reference to the female lepers, could you suggest any way to ameliorate their present condition; would you be in favour of substituting a wall for the present fence at the compound?—If the females remain there certainly.

7080. *Dr. Dodds.*] A wall that would not interfere with the view and would yet prevent communication?—Yes.

7081. *Chairman.*] Would it not be a good thing to have a few chairs on wheels for these unfortunate patients who have lost their feet?—Yes.

7082. Have they not any now?—No.

7083. *Dr. Hoffman.*] On the whole do you think Robben Island is a pleasant place for the lepers?—Yes.

7084. Is it just as good as any spot on the mainland would be?—Quite as good.

7085. Do you think that on rainy or very hot days there is sufficient shelter outside the wards; would a large recreation room be an advantage where the patients could sit in?—I think it would.

7086. The patients have nowhere to go on rainy or hot days, have they?—No, not outside, the space is rather limited, and I daresay it would add to their comfort. You would want a room for each ward practically.

7087. Do you think anything can be done to make the island more pleasant by tree planting and encouraging vegetation?—Yes, but I think the experiments have been a failure so far.

7088. Why is that?—I don't know. I believe an expert was sent over from the Government Forestry Department to superintend tree planting, but nothing came of it.

7089. Is the water quite good on the island?—I am sure that it is not, it is brackish and unsuitable for drinking purposes. I have not touched it.

7090. Is there a sufficient water supply from the tanks?—I do not know.

7091. Have you ever heard any complaints?—I have heard complaints about the shortness of water after drought.

7092. From your own observation is everything kept in a clean and proper state on the island?—Considering the difficulties, the work is very well done.

7093. On the whole are you perfectly satisfied with things as they are?—Yes, but I could never understand how it is the Government, which deemed two medical men sufficient years ago, do not see the necessity for having more now.

7094. Do you think two medical men insufficient?—Yes. If two medical men were necessary when there were sixty lepers, surely more are wanted for five or six hundred.

7095. Are the attendants sufficient in your opinion?—I could not say. I have not watched the working sufficiently.

7096. *Chairman.*] Do you think that segregation is complete?—I do not think so. It does not follow because the patients are on the island that the segregation is complete.

7097. Looking at the matter from a scientific point of view would you say it is complete?—I do not think so, there is the contact between the patients and visitors from the mainland.

7098. In that sense the patients are not segregated, are they?—No.

7099. With reference to the island itself, have you formed any opinion as to the effect upon the officials; do you think it would be beneficial if they were afforded more leave on the mainland?—I cannot say. I know that some of the constables and others would prefer to have their leave on the island.

7100. *Dr. Dodds.*] Is that a good thing do you think?—For some it is; these men have no friends on the mainland, and they would only come over and get drunk perhaps.

7101. *Chairman.*] Is it a good thing for the higher class of officials to be for a long time together on the island?—I do not think so. I attribute a great deal of the soreness of feeling that has existed to the fact that they are kept there so long.

7102. *Dr. Hoffman.*] Are you aware that there has been any soreness of feeling?—Yes; I believe there is always some friction.

7103. *Dr. Dodds.*] Is that due in a great measure to the conditions of life on the island?—Yes. I do not think it is a good thing to have officials there for a lengthened period.

7104. *Chairman.*] Would you suggest a change being made in the staff, or should more leave be given at certain times?—I doubt if giving more leave would meet the difficulty.

7105. Would it be well therefore for the staff to be changed from time to time?—I think so, if it would not upset the working too much.

7106. Do you think there might be something in the nature of a change in rotation, similar to what takes place on boards of directors?—Yes.

7107. *Dr. Dodds.*] Would you include in that the medical officers?—No; that is not practicable at all.

7108. *Chairman.*] Would you include the clerks?—I think so.

7109. Do you think the island is undermanned as regards the staff?—As regards the medical staff certainly. It seems to me a great pity when we have on Robben Island one of the few spots in the world where leprosy can be scientifically studied that there should be only two medical men who are simply exhausted by routine work and have no time for scientific research.

7110. Would you be in favour of strengthening the medical staff and providing in addition an expert to study the disease for some time?—Yes; it would be the best thing the Government could do to appoint an expert for two or three years.

7111. *Dr. Dodds.*] And is it not due to the patients themselves who have committed no crime that we should do everything possible to find out whether the disease may not be cured or ameliorated?—Yes, and it is also due to the public.

7112. Do you think the conditions of the sea passage are satisfactory or ought they to be made more comfortable?—The landing is extremely unpleasant, but you cannot make the crossing more comfortable unless you choose to have an Atlantic liner. The landing arrangements are very defective. It is also a great hardship that the people on the island have not the means of going to the mainland and returning the same day.

7113. Have you had any conversation with the Free State lepers?—None at all.

7114. Have you seen anything of the disturbances which have occurred among the lepers?—No, I have generally gone over just immediately after anything of the kind and I have seen nothing personally.

7115. Do you think it is wise to go on increasing the population on the island from a health point of view or looking at the possibility of disturbances?—I do not see that there is any danger from a health point of view. The most serious thing is the difficulty of burying the lepers. I have officiated at burials two or three times and the graves seemed very shallow—you soon get down to the rock.

7116. *Chairman.*] Is that at the cemetery which is being used now?—No: the old cemetery.

7117. *Dr. Dodds.*] Is the present cemetery satisfactory?—I have never buried anyone there but I have heard no complaints about it.

7118. Do you think anything could be done in order to make the island a less uninviting spot?—Tree planting is the only thing, but there is a difficulty with regard to that.

Rev. T. F. Dreyer.

March 12th, 1894.

Rev. T. F. Dreyer examined.

7119. *Chairman.*] Have you been a visiting chaplain on Robben Island? —Yes. I was there three years and a few months.

7120. Do you visit the island now?—I have not been there since August last. The Rev. Mr. Morgan goes there now as Dutch Reformed Minister.

7121. Did you visit both the male and female leper patients?—Yes, I went over there once a week.

7122. Were you in the habit of talking to the lepers?—Yes.

7123. Were there many male lepers before you left?—I think there were over 200. There were 95 belonging to the Dutch Reformed Church.

7124. Did you hear any complaints from the patients?—I have heard them say that the food was undercooked, specially in the female ward, and that the vegetables were not nice, that they were running to seed and were not cut up even, but just washed, and then thrown into the pot and boiled.

7125. Did they have leper cooks at that time?—They were healthy cooks. I may say that I never heard any complaints while Mr. and Mrs Pavel were there.

7126. Did you consider their management good?—Yes, first class. I think it was a very great mistake when they left.

7127. How long ago was that?—Shortly after I left. At that time the food was cooked by the leper cooks, and they were paid by the Government I think. I am speaking of the female leper wards. I once had a complaint from a woman who said she was beaten by one of the attendants. I spoke to Mr. Moore the attorney about it and wanted enquiries to be made.

7128. Did she complain to you herself?—Yes, that she had been beaten by one of the attendants.

7129. What date was that?—I think about a year ago. Mr. Moore had not time to go back and see about it.

7130. Did the woman say what she was beaten for?—We did not investigate the case as Mr. Moore had not time and I thought it was out of my jurisdiction.

7131. *Dr. Dodds.*] Were the Pavels there at the time?—No.

7132. Was it after they left that she was beaten?—Yes. It was a very great mistake to let them leave the island, they really did more than was necessary.

7133. Did they understand the management of the lepers well?—Yes, thoroughly; they were just fitted for the work, especially Mrs. Pavel. I think she spent a great part of her salary in relieving the patients.

7134. *Chairman.*] Had you many complaints from the female lepers?—They said that the food was undercooked and they complained about the clothing in winter. I went to Cape Town and collected old clothing, shawls and warm things and brought them over.

7135. Who was in charge of the female lepers when these complaints reached you?—I do not know.

7136. Was it in Mrs. Pavel's time?—No after that.

7137. Do you think the complaints were well founded?—I think so.

7138. Is that from your own observation?—Yes; the patients had insufficient clothing. I have seen it in winter on very cold days; they were just wrapped up in an old shawl perhaps and very thin clothing.

7139. Did not the Government issue clothing for them?—I do not know.

7140. Did you ever speak to the doctor about it?—No, I thought that out of my jurisdiction and I did not like to get into trouble with the officials on the island. I went over there to preach the gospel. My private opinion however was, that these poor people could be treated better than they were treated at that time.

7141. Were no stores or clothing issued for the patients at that time? —I think so.

7142. How is it that they did not get the clothing?—That is the question.

7143. *Dr. Dodds.*] Was it not that there were so many fresh cases that they ran short of clothing?—I cannot say; Mr. A. Combrink, who assisted me, would be able to tell you more.

7144. *Chairman.*] Were there many female lepers on the island when you were there?—About 150 more or less. I do not think Mrs. ———— was a very desirable person for the post. I knew her in town and she was then living in Helliger lane in a Malay house. She had no ostensible occupation. She had two boys who are at present staying with Miss Dreyer at No. 42 Wale Street, they were taken from the mother because it was not thought that she was a fit and proper person to educate them. I believe Mrs————is nowon the island, but I do not consider her a proper person to conduct discipline in the establishment. She was employed on the island after I left. I have not heard any complaints about her conduct on the island, but I do not think she was the right person for such a situation. I do not know how she got the appointment. She was not the person who beat the patient, that was done before I left the island. Mrs. ————was appointed after I left the island.

7145. Did you receive any complaints from the female patients about being ill used by the attendants?—There was only one case.

7146. Did you think the female patients were comfortable?—They were kept as clean as possible, but I do not know whether they were comfortable. One thing they wanted was a kind of recreation room.

7147. Would you suggest that?—Yes. Dr. Impey made some improvement in my time; he had a wire fence put up.

7148. Did that give the patients more freedom?—Yes.

7149. Do you think there was any immorality among the lepers from what you observed?—A child was born on the island and the father was a convict. I certainly think it is wrong to allow the male lepers to go down in the afternoon to the female compound and talk to the patients until late in the evening.

7150. Could any one get through the wire fence if they wished?—An ox could creep through it.

7151. Do you think it is a bad practice that the leper patients should be allowed to talk to the women through the fence?—Yes. I spoke to Dr. Impey about it. They used to get the trolley and go down about three o'clock in the afternoon.

7152. Up to what time were they allowed to stay there?—Until dusk and even later.

7153. There are guards at the female leper compound at night, are there not?—In my time there was only one man, a night watchman, but I do not think he was a fit person.

7154. Now there are three constables, are there not?—I do not know.

7155. Do you think the night watch is to be trusted?—I do not think so. The man who was watchman in my time is dead now, but I know the women told me themselves that he used to bring in liquor, which was hidden among the bushes. One woman told me that he induced her to behave improperly.

7156. When did this man die?—Last year.

7157. You do not believe much in the night guards, I take it?—No.

7158. Do you think the constables now employed are a better class?—I have no knowledge.

7159. Was the guard inspected at night in your time?—I do not know.

7160. During your time were there any cases of drunkenness among the women?—No.

7161. *Dr. Dodds.*] When the men went down to see the women at the compound did they misconduct themselves?—I cannot say that they did, but

Rev. T. F. Dreyer. — March 12th, 1894.

we know what human nature is. These people were left to themselves there for a considerable time till it got dusk. I generally left the island by the boat at four o'clock, and I used to meet the men going down to the female compound. Those who could not walk went by the trolly, it is about twenty minutes from the male to the female asylum.

7162. *Chairman.*] Did you form the opinion that the sexual instinct was strong in the leper women as well as the men?—In both sexes.

7163. Did you ever hear any of their conversations?—No.

7164. How did you come to that conclusion in your own mind?—We know what human nature is, and these men, many of them, were away from their wives, that is one of their grievances, and why they wish to leave the island. The men themselves very often told me that they would have connection with the leper women and even the assistants.

7165. Do you remember the name of the woman who was assaulted by the attendant?—No.

7166. What year was it?—The beginning of last year I think.

7167. Did the woman complain to you?—Yes, when I visited her.

7168. Did she bear any traces of having been beaten?—No; I did not notice that.

7169. When you last visited the female leper asylum, did the patients seem contented, or did they make complaints to you?—Nothing beyond what I have told you.

7170. How are the women allowed out for exercise?—I do not know.

7171. Have you ever seen them outside the wire fence?—No, never.

7172. With regard to the male lepers, were there many while you were there?—Over 200, rather more than less. I had 95 belonging to our church.

7173. Were you constantly talking to them on various subjects?—Yes.

7174. Did they complain to you much?—They complained about the undercooked food and about the tobacco. I spoke to Mr. Fitch about it.

7175. What sort of cooks were there in those days?—Leper cooks; I think last year they had white cooks—healthy peeple.

7176. Have you any knowledge as to how the cooking is done now?—No.

7177. What was the quality of the food that the male lepers received then?—They told me very often that they had to put up with bad meat.

7178. Did you ever see any of the rations?—I have walked through the wards at meal time, but I never examined the food. The patients have often told me that they had quite enough, but that they could not eat it; the bread was stale and so on.

7179. Were the tea and coffee good?—I heard no complaints about that, but the men said the tobacco was very bad. I have supplied them with tobacco out of my own pocket. Their tobacco was very dry and worthless, in fact some of the patients showed me their tongues and the skin was quite off through smoking it.

7180. Did you see this bad tobacco on more than one occasion?—Yes, I took them over tobacco myself.

7181. Did the lepers ever complain to you about the attendants at all; did they complain about ———— ?—Yes.

7182. What complaints did they make?—That he was drunk on several occasions.

7183. Have you formed any opinion in your own mind as to the truth of that statement?—Yes.

7184. Did you ever see him the worse for liquor?—No; he looked after that.

7185. Was he a sober attendant while you were there?—Yes; it occurred I was told, between two boat days, and after four o'clock, that is the time the patients accused him. I was also told by one of the officials on

the island that the same individual was once found drunk sleeping in the bed of a leper.

7186. *Dr. Hoffman.*] Was that told you in confidence?—Yes, the person who told me is at present on the island.

7187. Were you asked not to disclose it?—Yes; the person who told me was afraid he might lose his situation, but he said that if he was called upon to answer any questions he would do so at any time.

7188. Were any other complaints of ill-treatment made to you by the lepers?—No; not of ill-treatment, but about the drunkenness of one of the officials Mr.———— told me.

7189. Have you any means of verifying his statement?—No, none whatever. I did not take much notice of it as it was not within my jurisdiction.

7190. During your visits have you ever noticed any of the leper patients drunk?—No, never.

7191. Have any complaints been made to you as to that?—No.

7192. Did many of the patients complain about ————?—It was a general complaint. I may say that————has his favourites on the island, and I know of instances where those who had grievances were put back by him.

7193. Would you know whether the leper patients who acted as a deputation when the Commission went over to the island were among his favourites or not?—No.

7194. Why do you think————has his favourites?— ———— and others constantly told me that the best of the tobacco goes to the favourites, while others must put up with what they can get.

7195. Were some of the lepers employed in doing the work in the wards during your time?—I think so, and I believe that is done now.

7196. Would not they get certain small privileges for that?—Those employed by Dr. Impey got some pay, I think.

7197. Apart from any question of privilege for work done, was any favouritism shown?—Yes, I am certain of it.

7198. How do you know?—I was told so by the men themselves.

7199. Did they show you the bad tobacco?—Yes.

7200. Did they state that they were kept long without clothing?—No; it was only the women who made any actual complaints about indifferent clothing in the winter time, but Mr. Combrink can tell you more as to that.

7201. *Dr. Dodds.*] Were the complaints as to favouritism made by many of the lepers or by just one or two?—By half-a-dozen perhaps.

7202. Were they persons to be believed?—I think so.

7203. *Dr. Hoffman.*] Were these complaints made voluntarily?—Yes. They knew pretty well that I did not want to interfere with such matters.

7204. *Chairman.*] What other visitors were there to the island?—The members of the Sufferers' Aid Society used to visit.

7205. Did they ever complain to you or make any statements as to what their impressions were?—No; we had no intercourse hardly with each other—we just went about our work.

7206. Did you ever meet the Rev. Mr. Nicholl on the island?—Yes; he was assistant chaplain. He is now in town.

7207. Is there any suggestion you can make with a view of ameliorating the condition of the male lepers on the island?—I would say get rid of ———— decidedly; rather to-day than to-morrow.

7208. On what grounds do you say that; is it from your own observation?—Not from my own observation, but from what I have heard. A man who forgets himself and drinks is not fit to be in charge.

7209. Have you evidence that the person you allude to was ever drunk?—I have not seen it with my own eyes, but there is proof enough. There are people on the island who could give evidence.

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7210. Would you suggest that a change should be made ?—If that man was removed things would work better.

7211. Were the wards always kept clean ?—Not all of them. The ward where the Free State lepers were was in a most disgraceful state when I was there.

7212. Were they well provided for by the Government ?—Yes ; the Government was liberal enough if the patients got what they gave.

7213. Did they not get it ?—That is the question.

7214. Do you feel doubtful about it ?—Very doubtful.

7215. *Dr. Dodds.*] If the patients did not get their rations who would ? —I know the rations were sent down to the wards ; what was done with them I do not know.

7216. Have you any reason to suspect that anyone stole them ?—No, that could not have been done.

7217. *Chairman.*] Who issues the stores ?—I do not know.

7218. *Dr. Dodds.*] Did you live on the island ?—No. I went there once or twice a week, always returning the same day.

7219. *Chairman.*] Have you been to the island on visiting days ?—Yes, very often. I generally chose a fine day when I went over, if possible.

7220. Have you observed the people who went over ?—Yes.

7221. What class of persons visited the male lepers ?—Just their friends, male and female.

7222. Where did the male lepers receive their friends ?—In the wards.

7223. Were they under any supervision ?—None whatever.

7224. Was no attendant present ?—No.

7225. Was that always so up to the time you left ?—Yes.

7226. We have it in evidence that sometimes improper characters visited the island ; have you reason to think that such was the case ? —Yes.

7227. Did such persons visit in the wards ?—Yes.

7228. Without any attendant being present ?—Yes. I have seen the leper men go away in the veldt with their friends and visitors, and have also seen them eating out of one plate and kissing each other scores of times. I have often wondered how the Government could allow it to go on in the wards and on the beach.

7229. Were the female lepers allowed to walk with the male lepers anywhere ?—No.

7230. In fact there was practically no segregation, was there ?—No, none whatever.

7231. As regards visiting days to the female lepers, under what conditions did the visiting take place ?—A permit had to be got from the doctor to visit the inside of the compound.

7232. Were the visitors under the supervision of any attendant ?—I have never seen anyone with them at all.

7233. Were visitors allowed in the sleeping wards ?—That is where they met each other.

7234. Have you seen the visitors and the female lepers kissing each other ?—Very often.

7235. Did they share the same food ?—Yes ; I have seen them eating with one spoon.

7236. Did the leper patients ever give presents of fruit, and so on, to the visitors on their going away ?—I think Dr. Impey stopped it.

7237. As regards the condition of the island as a place of residence, what was your opinion ?—I would not like to live there.

7238. Have they improved it at all lately ?—I think so. It is much better now than it was when I went there.

7239. Have the male or female lepers ever complained to you that the island was an undesirable place to live on because of the great heat ?—Yes ; they have complained about the climatic conditions.

7240. Were the complaints well founded, do you think?—I do not know. The glare of the sun and the sand are certainly trying to the eyes.

7241. Do you think the island has exercised a prejudicial influence upon the staff from the fact of their being so long without leave of absence?—No doubt an occasional change to the mainland is desirable.

Mr. Andries Combrink examined.

7242. *Chairman.*] Have you visited Robben Island?—Yes; but not since Mr. Dreyer left.

7243. In what capacity did you visit the island?—I went over to assist Mr. Dreyer as I am fond of missionary work, and I usually stayed over from three to five days.

7244. Had you an opportunity of observing the administration of the island with regard to the lepers?—Yes.

7245. Did you visit the male lepers?—Yes; and also the female lepers.

7246. How many male lepers were there when you visited them?—I think about 300.

7247. When did you last visit the island?—About the commencement of June last year.

7248. Have you not visited it since?—No.

7249. Were you a pretty frequent visitor previous to that?—Yes; about once a month, and I stayed there some days occasionally.

7250. Who did you stay with?—Mr. Dreyer had a small house on the island.

7251. What impression did you form of the male lepers, did they seem contented?—No, they were not; they did not like the confinement on the island.

7252. Did they complain about the food?—Yes, the lower class of patients complained that it was not sufficient, and the better class that it was badly cooked.

7253. Were there any paying patients at that time?—Yes, I believe there were two.

7254. Did they complain to you at all?—No, I did not see much of them.

7255. Who cooked the food at that time?—I do not know; I think for the male leper patients there were non-leper cooks, paid by the Government.

7256. Did you at any time see the food that the lepers got?—I never interfered in that way at all. I went away.

7257. Did the patients complain to you?—Yes; they complained about the way in which the vegetables were cooked. I believe that afterwards things improved and some of the patients got an egg every morning.

7258. Did they complain that the tobacco was bad?—I did not ask about that.

7259. Did they complain about the tea, coffee or sugar?—I believe they did. I never saw it myself.

7260. Did they complain about the clothing?—Yes, they said it was not enough. I remember that one leper man who complained said that he came from the Free State.

7261. Would you be able to find out his name?—Yes, if I went over to the island. He said he had been there 15 months, and came with a large warm overcoat which was taken away from him, and whenever he asked for it they promised to return it but never did so.

7262. Who did he ask for it?—Mr. Fitch, the male leper superintendent.

7263. Did he complain to you of Mr. Fitch at all?—He said that Mr. Fitch promised to give him his overcoat but never did. He said also that he got two pairs of trousers and one jacket.

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7264. Did he complain that ——— —— was drunk?—No. I had heard about it. The patients complained about the clothing, and I went to Mr. Pavel, who said they ought to get it.

7265. Did the male lepers complain of any harsh treatment on the part of any of the attendants?—One man complained, but I did not report the matter. I remember one cold wet morning when the wards were being scrubbed, some of the lepers were turned out, and I thought it very hard.

7266. Is there no recreation room where they can go?—I do not think so.

7267. Do you think such a room should be built?—Yes.

7268. Were there any other grievances among the male lepers that came to your notice at all?—No. I always tried to avoid hearing their grievances, and quieted them down.

7269. Would the patients grumble and complain without foundation, do you think?—No. I think the Government is generous, but the patients do not get what they ought to get.

7270. Do you think the food is kept back?—I think that they either try to keep the expenses down in order to assist the Government, or the patients do not get what is given for them.

7271. Why do you think that?—From all that I have heard.

7272. Have you ever yourself inspected the food?—No. I am satisfied it is not good. I know that one patient, a white farmer, from the Paarl, told Mr. Faure himself about the food, and Mr. Faure promised that he would see into it.

7273. Did the patients complain of the want of medical treatment or attendance?—I do not think so.

7274. Did you form any impression as to whether the number of attendants was sufficient?—I do not know about that.

7275. On the whole, do you think the patients were well housed and as well off as they would be in their own homes?—The lower class patients are better off on the island, but even they complain of the treatment. I do not think the better class patients are sufficiently well off as regards food and clothing. I did not take notice of the bedding.

7276. Have you been into the male leper wards?—Yes. I believe so. I remember there was once a complaint that the patients got their dinner at twelve, and then had nothing more till the next morning.

7277. Did they complain to you of that?—I think so, but I am not positive. That was after Mrs. Pavel left.

7278. Did you make enquiries into the matter?—No, I did not. I heard no complaints in Mrs. Pavel's time; everything seemed to be in perfect order.

7279. *Dr. Hoffman.*] Have you any idea why Mrs. Pavel left?—I have heard something about it, but I know nothing from my personal knowledge.

7280. Do you think the island is a suitable place for the lepers?—It is cheap for the Government; they die very quickly there. Their eyes get affected very soon also.

7281. *Chairman.*] Have you known many cases of patients who have become blind?—I do not know of any who have become quite blind, but they have complained to me that they cannot see to walk about well.

7282. Can you say in what form of the disease the blindness was marked?—I do not know.

7283. Did you form any impression as to the number of those whose sight became affected after their arrival?—I know one man who said that his sight was very fair when he came.

7284. Could you pronounce an opinion as to what the man's sight was when he came to the island?—I used to hold a service at night and when I asked him to come he complained that since he had been on the island his sight had got so bad that he could not go out at night.

7285. Do you attribute that to the influence of the island?—So many have said so that I believe it.

7286. Are you aware that blindness is not an infrequent condition of leprosy?—I do not know anything about the disease. One man was there only six weeks when his sight became affected.

7287. Is he stilll on the island?—I do not know, he is a white man.

7288. When did you see him?—In June last.

7289. Is that the only case you can mention?—No, there are others also.

7290. Can you mention their names?—I think Mr. ————, a patient, came to me and asked me to address an envelope for him as his sight was failing.

7291. Did he attribute that to the climatic conditions of the island?—I cannot say.

7292. Do you think that people die off more rapidly on the island?—The disease seems to develope very rapidly.

7293. *Dr. Hoffman.*] What is your own impression with regard to people going to the island; do you think they improve in health?—The lower class patients seem to pick up.

7294. Do not you think that in the case of the better class patients the worry and anxiety to get away may have something to do with their not picking up?—It may be so.

7295. Are the climatic conditions of the island favourable do you think?—No; it is very hot in summer, the wind blows sometimes from all quarters, and there is hardly any shelter; directly the wind blows it affects the patients apparently.

7296. *Chairman.*] Can you suggest anything which would ameliorate the condition of the male lepers at present on the island?—I think the clothing might be better looked after.

7297. Whose duty is that?—I went to Mr. Pavel and asked him how it was the patients complained, especially in winter, that they did not get enough clothing, and he said it was not the fault of the Government.

7298. Who was responsible?—I wanted to find out but I could not.

7299. Did the patients complain about any want of care or attention on the part of the attendants?—No. I do not think so.

7300. Did they ever accuse any of the attendants of being drunk?—I have heard about ————, but I have no evidence at all.

7301. Did they ever accuse any of the attendants of not being sober?—No; I do not think so.

7302. *Dr. Dodds.*] Have you visited Robben Island since June, 1893? I was there about the 11th of June last, and I then stayed three or four days.

7303. Have there not been a good many improvements since?—I cannot say.

7304. *Dr. Hoffman.*] Is it a difficult thing to get at the truth regarding the real state of things on the island?—Yes; if they give information they are afraid of being ill-treated, but if any one went over whom the patients and others thought they could trust, they would find out a great deal and perhaps get at the bottom of everything.

7305. *Dr. Herman.*] Who are afraid of being ill-treated?—The leper patients.

7306. Is there any ground for supposing that they have been ill-treated?—They are afraid to speak out lest they should suffer for it.

7307. *Chairman.*] It has been alleged that one leper patient was beaten by an attendant; do you know anything about that?—No.

7308. *Dr. Hoffman.*] From your own personal knowledge, is there any other information you can give us?—I do not think so.

7309. *Dr. Herman.*] In what direction do you think the lepers could be accorded increased privileges or comforts?—I think the Government treats

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them generously; the bad cooking of the food and the insufficient clothing seem to be the two grievances on the island.

7310. *Dr. Hoffman.*] The impression on your mind is that the Government treats the lepers liberally but that they do not always get what they ought to get?—Yes.

7311. *Dr. Herman.*] Do you think there is not sufficient management or control?—I am afraid that is so.

7312. In what direction is the management faulty?—The food is badly cooked and it is the duty of the superintendent to see that this is remedied and that the patients get enough.

7313. *Dr. Hoffman.*] Do you think it would add to the comfort of the patients if one or two large recreation rooms were built?—Yes; some place is wanted where the patients can go while the wards are being cleaned.

7314. *Dr. Dodds.*] Cannot they be in the day rooms or under the verandahs while the dormitories are being scrubbed?—One or two recreation rooms would be better for them.

7315. *Dr. Herman.*] Are the day rooms heated?—Yes.

Mr. Charles Watson examined.

Mr. Charles Watson.

7316. *Chairman.*] Have you visited Robben Island?—Not lately. It is about three years since I was there.

7317. Have you ever been there in any official capacity?—Yes, I was deputy attendant and chief boatman for some time, from 1862 until 1879.

7318. Do you know anything about the state of the island within the last three years?—No.

7319. Were there many lepers ,when you were there?—I think about 70 to 80 male and female patients. They shifted the females to the Old Somerset Hospital afterwards.

7320. Who were the officials in charge when you were there?—Dr. Minto was there when I first went, and subsequently Dr. Biccard and Dr. Wynne

7321. *Dr. Herman.*] Do you know anything about the complaints at present existing?—No.

7322. *Dr. Dodds.*] Were there any attacks of typhoid fever in your time?—Yes, we used to have it annually. I had it myself in the beginning of 1878.

7323. *Dr. Herman.*] Were those cases of typhoid recurring on the island or did they come from the mainland?—I suppose they got it on the island; most of those who were ill never were on the mainland.

7324. Were there any cases among the patients?—Yes, several. I think we first had it about 1867 and there were a good many deaths. I always put it down to the water. After the first heavy rains came, we only had surface water to drink.

7325. Was any enquiry made into the matter at the time?—I do not think so.

7326. Was that in Dr. Biccard's time?—Yes.

7327. *Dr. Dodds.*] Did it affect the same people again?—I have had it again since I have been in Cape Town. The storekeeper, Mr. Reid, died from it and the chief clerk, and Mrs. Logan lost a little girl, and there were several other deaths. Those cases were all in the village.

7328. *Dr. Hoffman*] Where did you get your water supply from then?—From wells on the island; most of it was obtained from the well at the back of the asylum, it was the first well they had made.

7329. Have improvements been made since that time?—I do not know.

7330. Did all the inhabitants drink well water at that time, was there no tank water?—In the summer season you could not get rain water as a rule; we got it when we could.

7331. Were there tanks to collect the water in?—No, empty casks; nearly everyone was served out with a half aum, which was filled every morning by one of the lunatics.

7332. Had you much to do with the lepers when you were on the island?—No. When I was deputy attendant I removed everybody who died in the leper wards from 1863 up to 1871.

7333. Otherwise you had not much to do with the lepers?—No.

7334. *Dr. Dodds.*] Do you know anything about the case of the carpenter who contracted leprosy?—Yes. His name was Smith, and he was there from about 1864 till 1867. He left the island and was a gate keeper on the railway at Rondebosch I think, and then he came back to the island and died of leprosy. His mother attended on him a good deal and she died also in one of the wards.

7335. *Dr. Hoffman.*] Was she a leper?—Yes, she contracted it also.

7336. Was Smith a leper when he left the island?—I should not say so. He came back three or four years afterwards.

7337. Was he so far as you are aware, a leper originally?—No.

7338. Did his mother come with him?—His mother came back to the island when he did, and she was sent as a pauper to the chronic sick ward; she became a leper and also died of the disease; she was a very old woman, about 70 or 80.

7339. Did she become a leper after she returned to the island?—I should say she got it from her son; she used to nurse him and dress and wash him.

7340. *Dr. Dodds.*] Was Smith born on the island?—Yes; his father was an old pensioner; he had been a soldier, and he died on the island many years ago, about 1862 or 1863. He had been all about the country doing carpenter's work.

7341. Did you ever speak to him as to how he got leprosy?—Yes; I have often chaffed him about it, and he told me he thought he got it through putting a body into a coffin when he had a cut in his hand.

7342. Are any of his children living?—He was never married.

7343. Was there leprosy among any of his relatives that you know of besides his mother?—No.

7344. *Dr. Hoffman.*] Were he and his mother alone or was there a large family?—There was a daughter, but what became of her I do not know. It was only a small family. The father was an Irishman.

7345. *Dr. Dodds.*] Do you think the daughter could be traced in any way?—I do not know whether she is alive or dead. Her son was in the Cape Town police force There was also another man on the island, a Swede, who used to do washing at the leper wards. I first knew him at Hondeklip Bay, he discharged vessels that came there. He came to the island as a leper, but the disease did not seem to grow any worse.

7346. How long had Smith been a carpenter on the island?—Four or five years.

7347. *Dr. Herman.*] At that time was there any trouble with the lepers or were they quite happy and contented?—I think they were pretty contented. We had then a man who was master, Dr. Edmunds, and he did not allow anyone else to be master but himself, and so everything went on smoothly. We knew when we got an order from him that we had to obey it, if we did not, we had to go.

7348. You think that is an admirable thing?—Yes; you want a good captain of the ship. Dr. Edmunds visited on the island three times every day of his life. He was at the wards at a quarter to eight in the morning, and again when dinner was served out, and no dinner was allowed to be served out without he saw it. About six o'clock in the evening he was there again, right through the whole asylum; there was no place he did not go into.

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7349. *Chairman.*] Have you any knowledge as to how things are managed now?—No; not for the last three years.

7350. *Dr. Herman.*] Do you think Robben Island is a suitable place for a large leper institution?—I do not think so. It cannot be healthy where there are such a lot of people; then again the water question is a very serious matter.

7351. Do you think that the inhabitants suffer from that?—I know if I were there again I should get my drinking water as close to the sea as possible. The water is always more or less brackish on the island.

Mr. J. C. Faure examined.

Mr. J. C. Faure.

7352. *Chairman*] You are resident magistrate of Cape Town?—Yes.

7353. Do you know Robben Island?—I was there many years ago.

7354. Have you visited the island recently?—No; the last time I was there was in 1867, I think. I went over with some others for a trip. I do not think there were any lepers there at the time.

7355. Have you formed any opinion with regard to the segregation of lepers?—I have had a good deal to do with lepers in one way and another.

7356. Do you know the present Segregation Act?—I have seen the Act. I may say that I was in the Malmesbury district for three years, and I saw a good deal of the disease there.

7357. With reference to the present mode in which a leper is dealt with prior to being sent over to Robben Island, do you attach much importance to the certificate of the field cornet, which is required under the Act?—No.

7358. You are aware that as the Act now stands a leper cannot be sent to Robben Island unless the field cornet gives a certificate, in conjunction with the district surgeon and the magistrate?—Yes.

7359. Without the certificate of the field cornet, would the procedure be complete and in order?—No; but I think the Act might be amended by not requiring the certificate of field cornets. It is difficult to get their signatures sometimes.

7360. What would you substitute?—I think you might substitute the certificate of a respectable land-owner.

7361. *Dr. Herman.*] To certify what?—What the field cornet now certifies; but I think if a medical man and the magistrate certify that is enough.

7362. Do you think the certificate of one medical man is sufficient to safeguard the interests of the patient?—No doubt the certificates of two medical men would be more satisfactory.

7363. What was the object of requiring the field cornet's certificate?—I have no idea; perhaps to ensure more certainty about the matter.

7364. *Chairman.*] Would you be in favour of lepers being sent direct to Robben Island or should they first be sent to a receiving house or probationary ward for further examination?—Of course there are some cases which admit of no doubt, but there are cases again where it would be very desirable for patients to be sent to a probationary ward or receiving house.

7365. You mean doubtful cases?—Yes.

7366. How would you deal with them there?—I would place them under strict medical observation.

7367. Would you be in favour of having a separate Board to pronounce upon such cases?—I have given the matter very little thought, but I should say a Board would be a good thing.

7368. And a patient might be detained until the case was certified by the Board to be leprous or not?—Yes.

7369. Are you in favour of the general principle of segregating lepers?—Yes, from what I have observed I think it is absolutely desirable.

7370. How would you provide for the disclosure of any case of leprosy in a district?—It is very difficult sometimes to get any information. There

are instances where leprosy is being suppressed. The only way is to get information through the police or field cornets.

7371. *Dr. Herman.*] In what way are cases of leprosy suppressed do you think?—The magistrate or the authorities are not informed, and the thing is kept as dark as possible.

7372. Under the Act it is the duty of every field cornet and police constable forthwith to report to the resident magistrate the existence of any case of leprosy which may come to their knowledge, is it not?—There may be cases where field cornets would not report cases, although I have not known of such a thing. It is very easy to do it.

7373. When were you at Malmesbury?—I left there in 1892. The Act was not in force then, and we had a difficulty in getting lepers away who ought to have been removed.

7374. Do you think as a rule that field cornets are of sufficiently high standing and sufficiently trustworthy to be entrusted with the duty which now devolves upon them?—Some field cornets are perfectly trustworthy, but others again I have often found are not entirely to be trusted; they connive at matters.

7375. *Dr. Hoffman.*] If a field cornet saw a case of leprosy in a family do you think he should report it?—Yes, I think so, as it is such a serious and dreadful disease.

7376. *Chairman.*] Do you think under any Act there would be a difficulty in getting cases of leprosy disclosed?—I think so.

7377. Is there any way of overcoming that?—Anyone concealing a case of leprosy might be punished either by fine or imprisonment.

7378. But suppose a person said he did not know it was a case of leprosy?—He might say that and there would of course always be some difficulty in regard to the diagnosis.

7379. Would you call on medical attendants to disclose cases they came across?—I think so.

7380. Might it not be prejudicial to medical men as well as lead to still more concealment of cases?—I do not think so, it is really their duty to do it, and people would not be able to find fault with them for doing their duty.

7381. Would you make it the duty of any medical man to report cases of leprosy or only district surgeons?—I would say any medical man—it should apply to all. I remember at Malmesbury the Government sought for information in regard to leprosy and several medical men positively refused to give it, saying that it was not their duty, and they were not going to divulge the secrets of their practice.

7382. If it was made compulsory there could no longer be that objection, could there?—No.

7383. From the experience you have had at Malmesbury of leprosy, do you think it is spreading at all?—I believe at the time I left, about two years ago, it was considered to be spreading.

7384. Is it more prevalent among the whites or the coloured people?—In the Malmesbury district it was among both classes.

7385. In equal proportions?—I almost think so. Dr. Simons would be a very good authority as to that. I know the disease was considered rather serious both among the whites and the blacks.

7386. Do you think the people are awake to the fact themselves?—Yes.

7387. Would they give information freely now do you think?—I do not know how they feel about the matter in the Malmesbury district now that the Act is in force. We had several cases at Graaff-Reinet, and I think at one time there were six or seven lepers in the place, coloured people; they were got at easily enough as they were living in the native location. When they found that they had to be sent to Robben Island, one ran off, and we had a difficulty in getting him afterwards. That shows that they try to shun segregation.

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7388. Are you in favour of segregation generally, or would you be inclined to modify it at all: would you be in favour of having two or three centres for segregation on the mainland?—I think that would in a measure do away with the dread that now exists of being sent away such a long distance as Robben Island is from some parts of the Colony.

7389. *Dr. Hoffman.*] Would not that entail much more expense and trouble upon the Government?—Naturally it would. There would have to be buildings and staff.

7390. Do you think it would be possible to guard the lepers as well on the mainland as on Robben Island?—No, certainly not. A safer place could not be found for them than on Robben Island.

7391. *Chairman.*] Do not you think the better class patients might be isolated in their own homes?—I do not think so; it would not work in my opinion. I remember a bad case of leprosy at Malmesbury which proved fatal, but the family would not keep away from the patient. I know also of other cases in the district where there was so called separation, but still they mixed up one with the other.

7392. *Dr. Hoffman.*] Practically you do not think that segregation could be carried on in that way?—I do not think so, not at the homes of patients. I remember another case at Riebeek West or Murraysburg where an attempt was made to get a party removed. It was a case of leprosy, and it was reported to me that unless there was segregation there would be danger of the disease spreading, because they could not possibly keep the relations away from the house. The man refuse to go and there was then no power to compel him.

7393. *Dr. Herman.*] Do you think people are themselves fully alive to the danger of coming into contact with lepers?—They are alive to the danger, and they shun it, but for all that you find they are careless after a time, and have intercourse with each other.

7394. Have you known of any case where lepers have been abandoned by their friends and relatives?—No; there may be such cases.

7395. Have you known cases where persons have been driven into isolation through the force of public opinion?—I am not aware of any such cases.

7396. Did lepers frequent the village and public places at Malmesbury?—When they did there was an outcry in the village at once about it.

7397. At that time did you collect any information for the Government as to the existence of leprosy in the district?—A form was filled in.

7398. Had you any difficulty in collecting information?—I should like to have obtained more information from private medical practitioners, but they declined in some cases to give it.

7399. Was that the only source of information open?—Yes. District surgeons and medical men were asked for details, and field cornets also.

7400. If one were attempting to make an enumeration or census of all the cases of leprosy in the Colony, who would be the best persons to apply to?—Medical men would be the best. I think they would know a good deal about the disease, especially if it was their duty to report all cases.

7401. Do not you think that lepers shun the medical men?—Even if they did, the medical men would be in a position to get information and find out. They go about the district and hear of cases in one place and another.

7402. *Dr. Fismer*]. By attending families medical men would occasionally detect cases, would they not?—Yes; cases would be found out in that way here and there.

7403. *Dr. Herman.*] Is there no other means by which you could get an enumeration of all cases of leprosy?—I do not know of any other sources except the medical men and field cornets.

7404. *Dr. Hoffman.*] Do you think that ministers of religion would be able to report cases?—They might perhaps, but very many cases would escape them as they do not visit so much among the blacks.

7405. *Dr. Herman.*] Do you think it would meet all the requirements of the case if medical men only were called upon to notify the existence of leprosy?—I would make it also incumbent upon householders to report at once any cases of leprosy in the house.

7406. Would you have a substantial penalty for failing to do so?—I think so; I should say a fine of £10 or £20.

7407. *Dr. Hoffman.*] Would you go on increasing the penalty for subsequent offences?—I would make the fine not exceeding £20.

7408. *Dr. Herman.*] In country districts would it not be rather difficult for farmers to come in and notify such a thing as a case of leprosy; would you not make it incumbent on them to notify to the nearest field cornet or magistrate?—They could report to the magistrate in writing. If they are anxious to communicate a fact of that kind, it is easy enough to find means of doing so.

7409. Does that apply to most of the outlying districts?—Yes. If a person is anxious to report, he is sure to find his way to some official; or it could even be reported to the mounted police in the district, who in turn would report to the magistrate or other authorities. The mounted police make regular patrols in most districts, and elsewhere you have the ordinary police.

7410. You think there would be no difficulty in reaching some official?—No.

7411. How would you do in the case of a Kafir kraal or native location?—The master of the place could find out if there were any cases of leprosy if he was anxious to do so, and if he was at all concerned about the welfare of his property.

7412. Would you make any official responsible for having a proper inspection carried out?—In districts where there are mounted police they would, perhaps, be the best persons to make tours of inspection.

7413. Generally, do you think it would be possible to work the Act without undertaking some form of supervision by an inspector or some responsible official?—I think if there is supervision, you will get more information.

7414. Would you recommend the appointment of an inspector to travel round different parts of the country and see that cases were brought forward?—If he visited certain districts casually, he might not know the nooks and corners, and cases might escape his notice. Perhaps if it was left to the police, and in cases where there were no police to the field cornets, you might get sufficient information, except where field cornets, for family or other reasons, might be inclined to conceal cases.

7415. You do not think there would be much advantage in appointing inspectors to visit certain districts where there was leprosy?—I think local men would have a better knowledge. It would entail a good deal of expense with, I fear, a very poor result.

7416. We have it in evidence that cases exist in certain localities, but they are not notified because the field cornet does not wish it done; how would you meet that?—The district surgeon might see into it.

5417. But he has no authority; some one has to notify to the magistrate, who in turn authorises the district surgeon to examine the case?—I would make a special inspection if there were suspected cases, but I would not have an inspector going round constantly, calling himself a leprosy inspector, with, perhaps, very little result. If they knew he was coming, people might conceal cases from him. Constables and others would, in the course of their rounds, meet with cases, and they would have their eyes open. In Graaff-Reinet there were fifteen mounted police, who patrolled the district, and very few pronounced cases of leprosy would escape them, and so it would be in other districts.

7418. *Chairman.*] That would not cause any additional expense, would it?—No.

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7419. *Dr. Herman.*] Had you many lepers in the Graaff-Reinet district? —There were six or seven for whom Governor's warrants were issued and there may have been one or two other cases while I was there.

7420. Is there any trace of the old leper establishment there?—I do not know of it.

7421. *Dr. Hoffman.*] Would that be the whole number of lepers in the district of Graaff-Reinet?—I sent letters to the field cornets and particularly asked the mounted police to make a point of enquiring and reporting to me, but I got no other reports to the best of my knowledge. The field cornets reported that their wards were perfectly clear. The six or seven cases that were sent away at one time were placed in the native location just outside the town.

7422. *Dr. Herman.*] What is the procedure in reporting cases in Cape Town?—Private individuals sometimes report and the police also report cases.

7423. *Dr. Hoffman.*] Is it the special duty of anyone to report?—Not in town.

7424. *Dr. Herman.*] Can you inform us whether there are any cases of leprosy about in Cape Town?—I believe there are none about now as far as I know. If there were any it would be the duty of the magistrate or some responsible person to have them enquired into. I have not any report before me now.

7425. Unless cases were reported to you you would not be able to enquire into them, would you?—No.

7426. Who is supposed to report cases?—The Town Council have reported in two instances, and I had them enquired into and certified by the district surgeon.

7427. Had you any trouble in having the individuals examined?—We set about it cautiously, and took care that the patients were not frightened into the idea that they were going to be sent to Robben Island, and immediately the papers were ready we got them.

7428. Have you authority to make an examination?—Not unless a report is made.

7429. Could you for instance walk into a house and say, "I have come to have you examined"?—I do not know.

7430. Could you summon a leper to appear before you?—I have no such authority.

7431. How would you propose to alter the Act so as to meet such a case? —I would have it made incumbent on householders and neighbours to notify that so and so is a leper.

7432. Would you extend the notification to neighbours?—I think so.

7433. If you had no notification on oath you would still have a difficulty in dealing with a case, would you not?—Yes.

7434. Would it not be quite sufficient if the magistrate had authority to summon before him a person who was supposed to be a leper for medical examination; would there be any particular hardship in that do you think? —There may be in some cases where a person has not perhaps got leprosy; it would be better to go to the house and examine any suspected person there.

7435. Who would you require to lay the information?—I should imagine the householder in the first instance if he could be got to give the information, otherwise a neighbour or respectable landowner in the ward.

7436. Would you entrust some official with the duty of making enquiries first of all, just as outbreaks of any disease are investigated now?—The municipality would not be able to do anything out of their own town; the field cornet would have to do it.

7437. Who do you think should be charged with the duty of laying information in towns?—There is always the chief constable.

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7438. Suppose it was reported to you to-morrow that A.B., a person of some social position, was supposed to have leprosy, would you send a constable to his house to make enquiries?—I would not mind sending the chief constable to his house; I would not send an ordinary constable in such a case: of course it is rather a difficult matter. You might perhaps send the district surgeon with authority for the suspected person to submit to an examination. It is rather a serious thing to go to a house and tell a person that he is suspected of having leprosy; it should be done in as cautious a manner as possible.

7439. *Dr. Fismer.*] Would it not be better if the private medical attendant was asked first to examine the patient in a doubtful case?—If it was made incumbent upon private medical men to report cases you would naturally have the information at once, but in cases where there was no medical man attending, the district surgeon would be the proper person to employ.

7440. *Chairman.*] Do you know anything about the present condition of Robben Island; there is a magistrate there, is there not?—Yes; Mr. Jones is the magistrate.

7441. Are you acquainted with the terms of his appointment?—No.

7442. Does he report to you at all?—He is an assistant magistrate of Cape Town, but he does not report to me; his reports do not pass through my hands.

7443. *Dr. Herman.*] Have you conducted any enquiries in connection with the disturbances on Robben Island?—No.

Cape Town, Monday, March 15th, 1894.

PRESENT:

DR. MURRAY (*Chairman*),

Dr. Herman, | Dr. Hoffman,
,, Dodds, | ,, Fismer.

Rev. W. Watkins examined.

Rev. W. Watkins. — March 15th, 1894.

7444. *Chairman.*] What official position do you hold on Robben Island?—I am resident chaplain there.

7445. How long have you been on the island?—Since Michaelmas 1890, three and a half years.

7446. Do you come in contact with the leper population of the island?—Yes.

7447. Have the male lepers complained to you at all on any subject, about the food for instance?—Yes, I have had complaints sometimes.

7448. Have they complained about the cooking?—Yes, but in the case of many of the patients it is better than what they are accustomed to at their own homes.

7449. Have you ever been present when the meals were served out?—Yes.

7450. Have you yourself inspected the food occasionally?—I have never done so officially.

7451. Have you looked at it?—I have casually looked at it.

7452. Have the patients ever brought their food and shown it to you as a specimen?—Not that I remember.

7453. What is the impression you formed in your own mind as to the way the patients were treated?—I must confess that I think they should have something more for breakfast than dry bread.

7454. What do they get for breakfast?—Dry bread and coffee, that is the ordinary ration; those who are working may get something extra, perhaps butter or an egg. I do not know that officially.

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7455. Is the sleeping accommodation good?—I think the bedding is comfortable, but they want a few air mattresses or something of the kind for those patients who are very ill and have bed sores. I have known cases where there has been a great deal of suffering for want of them.

7456. Are there no air or water beds?—There are one or two in the male leper wards. I believe there are none in the female wards.

7457. Do you think the patients have enough blankets, sheets, and things of that sort?—I think so.

7458. Do the male lepers have sufficient clothing issued to them?—I should say so. I have heard one or two complain that when they first came they had to wait a long time for clothing; there have been so many patients that it may have been unavoidable, but as a rule they are well clothed.

7459. Have they complained to you of the cold?—Yes. There are constant complaints in the winter, not about lack of clothing, but on account of the climate, the sea fogs, and so on.

7460. How many attendants are there at the male leper wards?—There is one European attendant at each of the six sections and two cooks. In No. 1, which is the hospital ward, there are about fifty men; there are two non-leper attendants to that, and one to each of the other wards.

7461. What is the number of patients in the other wards, roughly speaking?—About eighty in each. The white ward is much smaller and contains about thirty.

7462. Are there any night attendants for the male lepers?—There is one for the whole establishment, and there is always a constable on duty as well; one or two, I am not sure which.

7463. Have the lepers ever complained to you about the attendants?—Yes, once or twice.

7464. Have they complained of drunkenness on the part of the attendants?—Yes.

7465. When was that?—Some months ago. There have not been more than two or three complaints.

7466. Are those who complain fairly reliable characters?—That is always hard to say; the ones who are most ready to complain are generally those who are rather troublesome.

7467. Are the cooks coloured men?—No, they are both Europeans, and non-lepers.

7468. Have you yourself ever seen drunkenness among the attendants?—Yes, I have occasionally.

7469. Will you state the names of the attendants?—I would sooner do so in their presence.

7470. Have you seen ——— drunk?—Yes. In the case of some of the attendants it was a long time ago.

7471. *Dr. Dodds.*] Are they there at present?—Some of them are. There were two or three hard drinkers who have left.

7472. *Chairman.*] Have those instances been frequent?—No; I cannot say that.

7473. Does it occur from time to time among these men?—I have not seen anything of it for six months now.

7474. *Dr. Dodds.*] Not in the case of any of those you have mentioned?—As far as I can remember, no.

7475. *Chairman.*] Have any of the male leper patients ever complained of being assaulted?—I never heard of it.

7476. *Dr. Dodds.*] Can you say whether the instances of drunkenness have seriously affected the usefulness of the officers and attendants mentioned?—Not in all cases; in one or two instances they certainly have for a time.

7477. Have the cases been so casual as not really to have affected the influence of the individuals named with the patients?—That is very difficult to say. I do not think the tone of the place is very high I must confess, but I could not say that the patients have any feeling of dislike to the attendants in consequence. It has not been to any such extent that they have neglected the patients. I think the patients like the attendants, and they seem to get on very well together in all respects as far as I have seen.

7478. *Dr. Hoffman.*] Apart from the attendants, have you seen any cases of drunkenness among the lepers themselves?—I have only seen one or two the worse for drink, but I have heard of other cases.

7479. *Chairman.*] Was that after a general visiting day?—I think so. I did not make a note of the day.

7480. With regard to the female leper ward, do you visit there also?—Yes.

7481. Have the female lepers complained to you about the treatment they receive at the hands of their attendants?—I do not think so. There have been a good many changes. When the present matron took charge there was a good deal of feeling about the old one leaving. She left of her own free will, and the patients made a little trouble about it at first, but it was, I think, merely owing to their dislike of any change. They are all very fond of the matron.

7482. *Dr. Hoffman.*] Were they very fond of the previous matron?—They seemed to be; I think they like them both as far as I could see.

7483. *Chairman.*] Have the female lepers complained to you about the food or clothing?—I do not remember any complaint about the clothing: two or three have complained about the food and about the tea; they said it was weak and bad.

7484. *Dr. Hoffman.*] Have you had opportunities of inspecting the food yourself?—I have seen it; I did not inspect it.

7485. Do you think the complaints with reference to the food were justified?—I think so; the rations were rather scanty and they get considerably less meat than the men.

7486 Was the cooking good, or were there complaints as to that?—A few said that the food was tasteless and I do not think it is very good. I do not think the cook who is a leper neglects her work; she does her best, but the cooking is inferior to that in the male leper wards.

7487. Do the patients get any butter or fat with their bread?—No, not ordinarily.

7488. You spoke about the tea being complained of; was the coffee also indifferent?—I cannot remember that I ever heard any complaints about the coffee.

7489. Have the female lepers ever complained about insufficiency of clothing?—No; I do not recollect that they have.

7490. Have they complained at all of ill-treatment?—No, I do not remember any complaints of that sort.

7491. Is it your opinion that as a rule the female lepers are fairly comfortable?—I think so. For cases of extreme sickness they want something in the nature of a hospital ward like the men have got, with more scientific nursing. I have known several cases where patients have got very bad with bed sores. I cannot say that I have seen the sores; it is what they tell me.

7492. *Dr. Dodds.*] Have they complained about not being nursed sufficiently?—No; it is only my opinion.

7493. *Dr. Hoffman.*] Do you think they are not sufficiently nursed when they are very ill?—Yes.

7494. Do you think there are enough attendants to look after all the lepers?—No; I think they want more European nurses, certainly one more.

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If they could have a trained nurse it would be a great thing. At present there is the matron and an assistant, that is all.

7495. Have the patients ever complained about the climatic conditions of the island?—Very frequently; it is a constant cause of complaint.

7496. What is it they complain of?—In summer they complain of the great glare from the white sand which blows about and affects their eyes. In winter they complain about the sea fogs and the cold, although the wards are well warmed.

7497. What is your own impression about the climatic conditions of the island?—I only speak as a layman, but I should say they were unfavourable because of the damp in winter and the great glare from the sun and sand in summer. It is very hot in summer, not so hot as in Cape Town perhaps, but the glare is very intense, and there are no trees to afford any shade. I should say that the temperature was lower than in Cape Town.

7498. Do you think the lepers are sufficiently sheltered on very windy days or on very hot days outside the wards?—No; there is no shelter at all hardly. Each ward has a stoep, but that is exposed a good deal and open in front.

7499. Do you think a large recreation room would be an advantage and add considerably to their comfort?—I should think so. I have not thought much about that.

7500. Do you think that much might be done to make the island pleasanter by planting trees?—There are great difficulties in the way of tree planting, first because of the want of water, and secondly on account of the rabbits. They tried tree planting, but the rabbits ate up all the young trees.

7501. Is the water supply fairly sufficient for all purposes?—We have not run short, but there is very little for irrigation. It will be much better now as they have been making large rain water tanks. Probably next summer there will be a better supply.

7502. Have the lepers complained about the scarcity of water or its quality?—Yes, I have heard complaints at the female ward about the water.

7503. What do they complain about, the quality or the quantity?—Once or twice some time ago they complained about running short of water; that was before we had the trolly. As far as I can recollect they have several times complained of the bad quality of the water in summer, but that is some little time ago. There is a well there which is not used. I think the water was very bad.

7504. Have the lepers ever complained about the soap?—One or two of the women have complained that they do not get enough to do their washing with.

7505. Have they ever complained about not getting enough writing paper?—No.

7506. Is it your opinion that the lepers coming from the mainland improve in condition or do they go back on Robben Island?—Some of the natives, such as Bushmen and Korannas, have distinctly improved, but on the other hand some of the better class coloured people have gone back.

7507. To what do you ascribe that; is it owing to the conditions under which they are placed or to their mental condition, worry and so on?—I think it is due to their fretting to get home; that is a very general complaint.

7508. Are there any cases of drunkenness among the females as far as you are aware?—No. I saw one female leper drunk a long time ago, but she is not quite right in her mind.

7509. *Chairman.*] You are aware that visitors come over to the island?—Yes.

7510. When the boat arrives who meets the visitors; are they met by any official and conducted to the wards or do they walk there themselves?—Mr. Fitch, the superintendent, is always at the boat. He does not conduct the visitors to the wards, he is too busy with the letters and parcels.

7511. Do the visitors have free access to the wards, both male and female?—Yes, I think so.

7512. Do any of the lepers come down to meet the boat?—Some of the men do occasionally, if they have special passes. If a man's wife for instance is coming over he can meet her if he has a pass and has been well behaved.

7513. Where do the patients receive their friends in the male wards?—They seem to be pretty free to see them as they like.

7514 Do they receive them in any part of the buildings, the sleeping rooms or day rooms?—They go into the wards as well as the day rooms.

7515. Do they seem glad to see each other and kiss one another?—Yes.

7516. Do they give their friends little presents?—I think so; I cannot say for certain.

7517. Do they ever feed with the lepers?—Yes, I have seen that sometimes.

7518. Do they use the same plates?—Yes, I think so.

7519. Can the male lepers go to any part of the island with their visitors?—Yes, I think so.

7520. Where do the female patients receive their visitors?—In the compound.

7521. In any part of the compound?—I cannot say whether the male lepers are allowed to go into the wards; I am not often there at the time.

7522. Do any of the visitors ever stay over night on the island?—Yes, they do sometimes.

7523, Where do they stay?—At my house very often.

7524. What class of visitors are there?—All kinds, white and coloured. I have a room which I let them use. I have the wife of a patient now staying at my house.

7525. How long has she been staying there?—She came on Monday, and she asked me if she might stay till the next boat day if she got leave.

7526. From whom does she get leave to stay?—I suppose from the medical superintendent; there is no written leave, it is only verbal.

7527. How do you know that a visitor has leave?—I always see the medical superintendent about any case. I never allow a person to stay without I have had previous notice.

7528. Do you know whether the lepers have ever made presents of clothing, fruit, or fish to the friends when they have visited them?—I do not think so; they would not have much opportunity.

7529. Notwithstanding the Segregation Act there is a good deal of communication between the leper patients and their friends, is there not?—Yes; they have free communication in that way.

7530. Have you any reason to suppose that any immorality goes on on the island between visitors and the leper patients; do improper characters sometimes find their way over there?—It is very difficult to say; a large number of Malay women come over and I have heard once or twice of people being turned back. In one instance I myself turned back a person whom I knew to be an immoral character.

7531. As regards the type of men employed as constables, have you formed any opinion about them; are they frequently changed or have they been on the island for some time?—We have only had special constables for the leper wards within the last two years. I think they are a decent set of men on the whole.

7532. Have you any suggestions to make for ameliorating the condition of the lepers in any way?—I think the male leper attendants ought to have better quarters. If they have given way to drink occasionally there is great excuse for them, for they have no comfort at all, no mess room; they have fairly good bedrooms but no sitting room of any kind, and I know that they feel it.

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7533. Is there no common room where the European attendants can sit during the day time?—No.

7534. Would it improve their condition if they had such a room?—Very much, and it would improve the wards, because the attendants would do their work with a better heart, although I cannot say they neglect it now.

7535. Can you suggest anything for the benefit of the leper patients themselves?—There are at present two old married couples, the women being far past the child-bearing period, and I think it would be a great thing if they could be allowed to live together. In one case the husband is totally blind, and both couples feel the separation very much.

7536. Do you think they might establish special quarters for such cases?—I think so. They might have small two-roomed houses such as the paying patients have, and it would add immensely to their comfort and happiness I think. Then again, we have a lot of children; there are about 25 boys under 16 and 15 girls, and I think there ought to be some kind of children's home for them, where they could be under proper discipline instead of running wild. It is not good for these children to be mixed up with the men. The only difficulty would be in regard to the different nationalities; some of the boys are Kafirs, and the question is whether they would all mix up together well. I think also the matron at the female leper ward wants better quarters; her present quarters are very poor indeed. In my opinion there is too much intercourse allowed between the male and female lepers. The men are allowed to visit outside the female compound every day, and the effect is bad morally I am sure.

7537. *Dr. Dodds.*] Why do you think that?—You have a number of people living in enforced celibacy. I do not think there has been any actual immorality except in one case, but there is a great deal of impurity goes on, I am certain, from the demeanour of the patients and things they have said.

7538. It is not merely what might be; have you good reason to know that it is so?—Yes; there is impure conversation and so on, and I can see the bad moral effect on some of the girls.

7539. *Dr. Fismer.*] Do you think it would be advisable to take the females away from the island altogether?—I think it would be safer.

7540. Is it always difficult to segregate the sexes under such circumstances?—Yes. I think so.

7541. On the whole, are the lepers rather dissatisfied on the island?—Yes: they want to get away and many of them do not like the climate; they are not dissatisfied with the arrangements made for them.

7542. Are they contented with the segregation?—No.

7543. Would they be more contented to be segregated on the mainland?—Many of them say so. I do not know whether it would be the case or not.

7544. *Dr. Dodds.*] Have you ever heard the leper patients make any threats against the staff?—No; I have been told they have done so; I never heard anything of the kind myself.

7545. Do you think they might attack or injure any members of the staff?—I do not think so. I always thought it was all talk. I have heard them speak very angrily when they have been upset, but I have not heard any personal threats.

7546. *Dr. Hoffman.*] As a rule, are the lepers well behaved?—Yes; considering the large number of patients they are very well behaved.

7547. *Dr. Dodds.*] Could you make any suggestion for improving the appearance of the graveyard?—I thought of trying to get it planted. The present graveyard has only been used since the beginning of last year.

7548. How many graveyards during your time have been used for the lepers?—The one we have now and the one on the hill; the latter was used when I first went to the island.

7549. Does not the fact of having the graveyards so near and there being so many funerals have a depressing effect on the patients?—I think they are callous; a good many of them generally follow the funerals.

7550. Have you any suggestions to make with regard to the graveyards?—I think it would be better if we could get them planted, and I hope to do so this winter. We also want a better mortuary; at present there is only a temporary tin shed.

7551. Would it not be an advantage if the staff could come oftener to the mainland?—I think so. It is one of the trying things on the island that there is no amusement, and the staff feel it very much.

7552. Would it improve the tone of the staff if they were able to visit the mainland oftener?—Yes, I think it would.

7553. Do you think the population on the island is as large as it ought to be; is it a wise thing to go on massing lepers there in one institution?—I think not; it is a great hardship also for those who are sent very long distances. There are a good many patients from the Free State and some from Uitenhage, Port Elizabeth, and King William's Town, and they are naturally cut off from their friends, which they feel very much indeed.

7554. Do you think the isolation on the island affects the *esprit de corps* of the staff generally, or are they a fairly happy family?—That is difficult to answer. They seem to get on fairly well, but I think the isolation perhaps makes it difficult to get good men to come there and fill up vacancies when they occur.

7555. Is not there rather a tendency among the officials and others to form themselves into cliques?—Yes; and the place itself is very unattractive.

7556. *Dr. Hoffman.*] Do you think the buildings that are constructed of iron and wood are suitable for the patients?—They have complained that they feel the changes of temperature.

7557. *Dr. Dodds.*] Is not stone preferable to iron and wood?—I should think so.

7558. *Dr. Hoffman.*] Is yours an iron house?—No; it is built of stone.

7559. Do you find there is a great difference between stone and iron buildings?—Yes, a good deal of difference.

7560. Do you think it right that your house should be used as a kind of hotel?—No; it is not quite right, but it is very hard to refuse people when they come from a long distance to see their friends and want to stay over night. I think that some modification might be made in the Act in the direction of allowing relatives and friends to live with the patients if they like in some kind of settlement. It would have a very good moral effect, I am sure, and I am told there are very few cases of heredity.

7561. Do the lepers ever speak to you as to how they got the disease?—I have often asked them, and a great many of them attribute it to exposure. Most of the male lepers have worked on farms; there are comparatively few from towns.

7562. Do you think they have generally associated with other lepers?—Many of them say they have not.

7563. From your own observation, do you think it advisable to mass the lepers together in large wards as is done now; would it not be better to have a number of small wards and separate rooms, both as regards comfort and the morality of the place?—I think that smaller wards would be better. I would not say separate rooms. You could then classify the patients better, and they would be quieter; some of them are very noisy.

7564. *Dr. Dodds.*] Do the patients roam about the island at night?—No, I do not think so.

7565. *Dr. Hoffman.*] Do you think there are sufficient safeguards to prevent the men and the women seeing each other during the night?—There are three constables always patrolling round the female leper compound all night; one set go from six to twelve and the other from twelve to sunrise.

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7566. Do you think on a dark night the male lepers could get into the female leper compound in spite of the constables?—I think so.

7567. Would it be very difficult for the men to get into the compound if they had a little assistance from the women inside?—No; I think they could dig a hole in the sand underneath the fence, or an active man might get over the top, although the barbed wire might tear his clothes; it is eight or nine feet high. The sand is very loose in some places, and they could easily dig a hole.

7568. *Dr. Dodds.*] Have you any other suggestions to make?—I think there are grave moral objections to the present mode of segregation. There are a number of married people there accustomed to sexual intercourse, and the moral effect of having a number of women so close is bad, I am sure, and that is one of the reasons why I should be glad to see some modification of the Act so as to allow a wife to accompany her husband into exile.

7569. Do you think that many would avail themselves of that?—I think so.

7570. Have many cases come to your knowledge where those left at home have suffered greatly?—The lepers have complained sometimes about having to leave their wives and children on the mainland.

7571. *Chairman.*] Do the leper women ever solicit the men?—I think so.

7572. *Dr. Dodds.*] If the sexes were separated entirely, and the women were sent away from the island, would it be even more trying than at present?—In some ways it would certainly. If you force men to live an unnatural life you must safeguard them; that is the view I take.

7573. It is managed in the lunatic asylum, is it not?—Yes.

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Rev. *C. S. Morgan.*

7574. *Chairman.*] Do you hold any official appointment in connection with Robben Island?—Yes. I am the Dutch Reformed Church minister there.

7575. Do you live on the island?—I do not just now as there is no dwelling-house for me. I remain there four days in the week.

7576. Have you held the appointment long?—About eight months.

7577. Do you visit the leper wards, male and female? Yes, regularly.

7578. Do the male lepers complain to you of the quality of the food, about the clothing, or anything else?—They have sometimes complained of their food; that they had not enough. One or two of them have shown me what they had on their plates, but I always referred them to the authorities.

7579. What opinion did you form yourself as to the complaints; do you think they were justified from what you saw?—I think on the whole the food is substantially good.

7580. Do the patients get sufficient?—I think so.

7581. What do they get for breakfast?—I hardly know. I have seen the dinner.

7582. Did it seem good; such as that class of people would get at home?—Yes, both as regards quality and quantity.

7583. Did they complain to you many times?—No, not very often. I think they saw that I did not wish to pay particular attention to complaints; I referred them to the attendants and then they ceased to complain.

7584. Were their complaints justified at that time judging from what you saw?—No; I do not think they were.

7585. As regards other articles of food, did they complain of tea, coffee, or bread?—I do not think they can complain of the bread; it is very good. I have heard some complain that they only had bread and coffee, but I question whether many of them got that in their own homes sometimes.

7586. Do you consider that the food was as good as the better class patients would have got in their own homes?—Yes, I think so, except in the case of the paying patients and one or two others.

7587. As regards clothing and bedding, do they complain about that?—No. About a couple of weeks ago I heard a man complain that he had not got a jacket, but I believe he was to get it that day; they do not complain as a rule about clothes, nor have they complained about the bedding to me. I let them understand that they must not complain to me.

7588. Have they ever complained to you about the want of attendants?—Sometimes they have. The paying patients complained last Monday, but the matter was remedied. They complained that on the Sunday evening, the 11th instant, they had had no supper and that their beds were not made up and nobody attended to them.

7589. Was that investigated?—Yes.

7590. Who investigated it?—On the Monday morning Dr. Impey went there and saw them and he sent a man down at once.

7591. Did you hear why they did not receive their food in the evening?—I think there was some misunderstanding. Their attendant left for good on the Friday and the superintendent of male lepers came over to town.

7592. *Dr. Dodds.*] Who acts for Mr. Fitch, the superintendent, when he is away?—I believe one of his assistants.

7593. Would it have been his duty to attend to the patients when Mr. Fitch was away?—I think so, but he has charge of No. 3 pavilion and is generally down there with the white lepers, a long way off from where the paying patients are.

7594. *Chairman.*] Have the male lepers complained in any other way about the attendants?—Some time ago I heard complaining, but Dr. Todd was in the ward with the superintendent and the thing was easily explained.

7595. What was the nature of that complaint?—A patient complained that he had not been attended to and had not got his tea; he was lying in bed with a sore foot.

7596. Have the male lepers ever complained to you of the drunkenness of any of the attendants?—One of them once spoke to me about an attendant being the worse for liquor.

7597. How long ago was that?—About four months ago at least I think.

7598. Have you ever seen any of the attendants drunk?—I saw one of them a little the worse for liquor when he came from the mainland, but I have not seen any of them drunk while discharging their duties.

7599. Can you give us the names of the patients who complained to you about an attendant?—There were two of them who complained, Mr. ——— and Mr. ———, both paying patients. They just mentioned it. I do not know whether it was long continued drunkenness or a little mishap.

7600. *Dr. Hoffman.*] Do you know the attendant who was drunk?—Yes.

7601. What was his name? ———. I should like to add that it was about four or five months ago, and I believe that he is known on the island as a man who takes very little liquor, and if he does take any it upsets him. I think he had come from Cape Town that day. I spoke to him about it and he regretted it very much and he told me himself that he could not stand any liquor.

7602. *Chairman.*] Are you of opinion that he does his work well otherwise?—Yes, I think so. I know the patients speak very highly of him and they like him.

7603. You think that in spite of this failing the patients respect him?—I think as a body they do; they do not consider it like they would habitual drunkenness on his part.

7604. Are the patients aware of it?—Yes; I do not think it often happens.

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7605. *Dr. Hoffman.*] To the best of your knowledge has it happene since that time?—No.

7606. *Chairman.*] Do the patients complain to you of any other matter beyond what you have mentioned?—They all complain that they want to go home; they look upon the segregation as a great grievance,

7607. As regards the housing of the patients, are they as well housed as they would be in their own homes?—No, I do not think all of them are.

7608. You think that some of them would be better off in their own homes?—Yes. There is for instance Mr.———— of the Paarl; he was a well-to-do man before, and he has a wife and family at home; there is Mr.————of Bedford, a well-to-do farmer and I believe very highly respected; he is in the same ward with the other patients.

7609. Are those white men?—Yes.

7610. Do you think their condition might be improved as regards housing?—Certainly. I do not know what to say about some of the patients, many of them have had their own homes, but what they were like I do not know. Of course it is very hard for respectable white men to be put into a ward with a lot of others.

7611. What improvement can you suggest as regards the housing of the patients?—It is very difficult to make any suggestion. I have often thought that there might be another ward perhaps for the better class patients. Last Monday morning, for instance, when I came away there was one patient very sick; I do not suppose I shall see him to-morrow; there was another full of sores, and one or two others, and it is not pleasant for them to be in the same ward with the rest of the patients.

7612. Would you have better classification with regard to the stage of the illness?—Yes.

7613. Could not those who are very bad be removed to the hospital?—I do not know whether the white patients have been removed to the hospital hitherto; the doctor goes and attends to those patients.

7614. If a seperate day room was built for them would it be an advantage?—I think so.

7615. As regards the non-paying coloured patients do you think they are housed as well as they would be in their own houses?—Some of them I have no doubt have been comfortable in their own homes, but the majority would not have been so well attended in cases of sickness as they are on the island.

7616. Would that class of persons have as good buildings to live in?—Perhaps not so substantial.

7617. Do you think the wards are at present overcrowded?—No, I would not say that. There is a good deal of space between each bed; but it is mainly the conditions of life that they object to; they are obliged to live together, when formerly they lived apart in their own homes and had their families to attend to them.

7618. Are the wards clean and well ventilated and kept in as good order as possible?—I would not say that they are well ventilated always; I have gone in, and felt them frightfully close when the windows were shut, but the lepers themselves are very sensitive to any change and they object to the windows being open.

7619. Does the ventilation depend solely upon the windows?—I think so.

7620. Are there any other matters about which the male lepers have complained to you?—I do not think there is anything of importance. Some of the coloured patients have complained that they were unjustly sent to the island; that matters were misrepresented to them and that they were torn away from their friends and relatives.

7621. Have you visited the female leper wards?—Yes.

7622. Have the female lepers complained to you about their food?—Yes.

7623. What complaints have they made?—Some of them have complained that the food was too little and that it was not well prepared, but in all cases I have referred them to the matron.

7624. Have you ever inspected the food yourself?—I have seen it when it has been brought up.

7625. What conclusion did you form about it from what you saw?—I thought it was good. I saw the dinner last Monday, and there was nothing to complain about.

7626. Did they complain to you about the cooking of the food?—I cannot say that they did.

7627. Did they complain about their clothing or about the want of clothing?—Some of them have complained.

7628. Have they complained about the washing?—Yes.

7629. What complaint did they make?—Some of the patients have asked me for money to pay for their washing.

7630. Why was that; is it not done by the Government?—The washing is done up at the laundry, but they object to the clothes being washed by the men.

7631. Have the female patients no accommodation for having their washing done?—Yes; arrangements have been made lately and those who are able to work wash the clothes and the others who are not able pay them.

7632. Have you formed any opinion as to the general condition of the patients as regards the freedom of the women; do you think the compound is too small?—I think it is rather small; there is room for them to move about, but still it is very hard for them to be confined always I believe they do go out with the matron.

7633. Do either the male or female lepers complain to you about the climate of the island?—Yes, they complain that their chests suffer, and also their eyes, especially the patients from the Free State, who come from a higher altitude.

7634. Do they complain mostly in the winter or the summer?—Mostly in the winter. They feel the cold and damp, and in summer they feel the heat, which is more depressing than it is up-country. I know several instances where Kafirs have complained about their chests, and asked for medicine.

7635. Do you think the island exerts a prejudicial effect on these people?—Yes; very much so in the case of those coming from up-country.

7636. Do you think their complaints are genuine?—I think so. Some of them have said that if they could only get to the mainland they would be perfectly willing to be isolated, and submit to any regulations which the Government might make, and if they broke any rules they would be willing to be sent back to Robben Island.

7637. Have many of the patients said that?—Several have said so to me.

7638. What class of patients?—All classes.

7639. Have you ever been to Robben Island on visiting days?—Yes.

7640. Who meets the visitors when they arrive?—Sometimes the male lepers meet them, but not so many now as formerly.

7641. Do the visitors proceed with the patients to the wards?—Yes, and they interview them there.

7642. Do they walk about with them over the island?—Yes.

7643. Do both male and female visitors come over?—Yes.

7644. Do they seem glad to see their friends, and do they kiss each other and so on?—Yes.

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7645. Do they ever share the same food?—Yes, sometimes they dine with the lepers. They bring over food and eat together.

7646. Are the men at liberty to go with their friends to any part of the island?—Yes, except on this side of the boundary line; they sometimes go to the north side of the island.

7647. Do you know if the lepers ever give the visitors little presents in the way of fruit, cakes or sweets?—I have not heard of that.

7648. Have you seen the visitors carry away food or fish?—No.

7649. Are the visitors ever allowed to stay over night?—Yes, from one boat day to another.

7650. Either male or female visitors?—Yes.

7651. Do the attendants ever have friends over to stay with them?—I do not know; I do not think so. I have not heard of any.

7652. How do the friends of the female lepers visit?—They go to the wards. Last Monday I saw a father and his daughter in the wards; he had taken over some food, and was having his dinner in the female ward.

7653. Are the female lepers allowed out of the compound to meet their friends, and can they walk about with them?—I have not seen that unless they get a special permit.

7654. Can the visitors who remain over night visit the patients at any time during their stay?—Yes, except in the evening. I do not think they are allowed to visit the female wards then.

7655. As regards the visiting among the lepers themselves, are the male lepers allowed inside the female compound?—I believe they are allowed to visit there once or twice in the week. I could not say for certain. I go there in the morning and afternoon, and as a rule I find the men in the afternoon just outside the compound. I have not seen them inside. There is a wire fence round, and the males are outside and the females are within this fence.

7656. *Dr. Hoffman.*] Do you think there is any immorality on the island?—I have heard of cases of immorality. I cannot say that the moral condition of the island is bad. My work is only confined to the lepers on the other side of the island, and I am only there from Friday morning until Monday afternoon.

7657. Do not you think that in a leper community like that on Robben Island the fact of the men being allowed to visit outside the female compound as they do has a deteriorating effect upon the women and vice versa?—I do not think that it has a very beneficial effect. It depends, of course, very much on the parties themselves There are respectable coloured lepers, both male and female, and it is natural enough that they should like to converse and sympathise with each other, and so on, but I dare say in many cases it is a kind of courtship. I know, for instance, that one woman there told me some time ago that she was concerned about a relative of hers, a leper girl, who was always at the fence, which she thought was a bad sign; she was constantly talking to the men.

7658. Do you think the women are sufficiently guarded at night time by the officials?—I think so; but I am never there after sundown myself. There are three constables, I believe, watching about the place.

7659. As regards the general condition of the lepers, are they sufficiently comfortable during the day time, especially on rainy and windy days, in the wards, or could you suggest any plan to make them more comfortable?—There is very little shelter. I know that the two paying patients have often complained of the want of shelter. Their houses are very small; they are built of wood and iron, and are very close. One of these patients is blind, and he feels it very much; he has nowhere to go for shelter. At the female wards there are a few trees, affording a little shelter.

7660. Do you think anything can be done in the way of tree planting to improve the place?—The soil is very poor indeed and the wind is strong,

added to which there is not much water. It would take a long time to get trees to grow so as to afford a shelter.

7661. Have any active endeavours been made in the way of tree planting?—Not during my time; perhaps it was not the right season for it. The medical superintendent told me that he intended to plant some more trees about the place.

7662. Do you think a large recreation room apart from the wards would be an advantage?—I scarcely think so. They can play games such as cards, draughts, and so on in the wards. I do not know that they would make much use of another room.

7663. *Dr. Dodds.*] Do they use the dining room much as a day room? They only use it for eating purposes. You may find one or two of the patients lounging there.

7664. Why do they not use it more for the purpose of recreation?—I do not think they care about it; there is an indifference about them; they seem to prefer the wards for playing games in, and they congregate there.

7665. If the dining rooms were made more comfortable, do you think they would still prefer the dormitories? No. It is possible if there was a large recreation room they might be attracted there, especially if it was made comfortable for them. The dining room is very bare; there are only the tables and benches, whereas in the wards they can lounge on their beds.

7666. *Dr. Hoffman.*] Do you think it would be an advantage to have smaller wards so as to have a better classification of the patients, instead of having large wards where all the patients are grouped together?—In some cases it might be better. What struck me very much was that proper provision did not seem to be made for the children; they are together in one large ward with the others. Another thing is, that there are some old married couples who, I think, might be allowed to spend their last days together. There is one old blind man in the male ward and it is a long way for him to go and meet his wife who at present can scarcely walk. I do not see why they should not be allowed to live together. There are also one or two other similar cases that I know of.

7667. Do you think the iron and wood buildings are suitable for the leper patients to reside in?—The other buildings are certainly better. I know that from my own experience. I have a bedroom at the nurses' quarters and it is a very draughty place and very close and stuffy, being built of wood and iron.

7668. Have any complaints been made to you by the patients on the island with reference to the soap?—No; nothing of the kind that I can think of. They have complained over and over again about such things as the tobacco, which is very indifferent. I have myself endeavoured to supply them with tobacco, but it is too expensive.

7669. *Chairman.*] Why is the tobacco bad; does not the Government pay a fair price?—I cannot say. I think it is invariably bad.

7670. What kind of tobacco is it?—I think it is colonial tobacco. I know some time ago I took two rolls over myself, and afterwards I got some Transvaal tobacco which they enjoyed very much. I do think that when these unfortunate people get anything of the kind it ought to be good, for a pipe of tobacco is about the only comfort they have.

7671. Are they well supplied with fruit during the season?—Not regularly. I have supplied them with grapes three or four times. There are one or two of the patients who get fruit and they sell it to the others.

7672. *Dr. Dodds.*] If you see anything wrong or have any reasonable complaints made to you, are you instructed to report the matter to the medical superintendent?—Yes, I have been instructed to do so.

7673. *Dr. Herman.*] Have you made any complaints as to the general

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management of the establishment or had any reason to find fault with it?—No; I have not lodged any complaints. There have been some little disturbances there I believe, but I was not there at the time, they were brought to the knowledge of the authorities at once. There was some little dissatisfaction recently among the lepers with regard to the meat for instance.

7674. Generally do you think the management of the establishment is sufficiently satisfactory?—I should say so. Very few complaints are lodged with me. If they are I always refer the patients to the attendants.

7675. Are the lepers a complaining body of men as a rule or otherwise?—They are inclined to complain. I suppose it is owing to the nature of the disease.

7676. If they had any real ground of complaint I suppose you would have heard enough of it, would you not?—Yes; at the commencement they did complain to me, but I let them know that I would rather not hear any complaints and I referred them to the superintendent or the attendants.

7677. Did the white patients make any complaint about being located so close to the coloured patients or did the females complain about being in the same compound with coloured people?—I have heard no complaints to that effect.

7678. Did they not seem to mind it?—No.

7679. Are there any complaints as to the quantity of the food?—Shortly after I came one and another complained about the food.

7680. Do they ever put their food away if they have too much?—Sometimes they do.

7681. Do you know anything about a quantity of meat being sent away recently by one of the leper patients?—I have not heard anything about that.

7682. Do you come into very close contact with the lepers and gain their confidence?—I think I have their confidence.

7683 Do they tell you things that have a bearing upon the management of the establishment or upon the conduct of the attendants?—Yes, but I have not encouraged their complaints. When I went there in August I found that the lepers were not inclined to have a Dutch Church, especially the coloured people, in fact they absolutely refused to give me their names when I asked who belonged to the Dutch Church; they seemed to think that directly a church was established there their doom would be fixed and all possibility of their getting away cut off. They thought that I was working solely for the Government and would report to the Government, and that that was why I wanted their names. Although I have been there eight months I have not the names of the male patients who belong to the Dutch Church even to-day, and I have not insisted upon it.

7684. Do you speak of the white or the coloured lepers?—The coloured.

7685. Did you find the same suspicious conduct on the part of the white lepers?—No.

7686. Have you gained their confidence more?—Yes, I think I have on the whole gained their confidence. They have come to see now that my work among them is strictly of a religious character and that I have nothing to do with their being kept on the island or otherwise, in fact they know that they have my sympathy. If I had my way however, I would certainly allow some to leave the island.

7687. Do you think generally that they are actuated by a feeling of suspicion that anything they might say to anyone but their nearest relatives would render their lot even harder on the island or prevent them perhaps getting away sooner?—I cannot speak as to others; they looked on me as an official. A church for the female lepers has been built and it is nearly completed, and they are beginning to feel the want of it, because they see that it is very unpleasant holding service in the ward.

7688. Have you any ground to suppose that the lepers are intimidated by the attendants in any way?—No, I do not think so.

7689. Do you think that the attendants show any special favouritism to particular patients?—No, I do not think so; I think on the whole they are very attentive and kind.

7690. Do you think the leper patients would be averse to making complaints with regard to any particular attendant on account of his having it in his power to make it unpleasant for them?—I do not think so.

7691. Do you ever go into the wards at night when you are on the island?—I go into the male wards very often.

7692. What time do you visit the wards at night?—Sometimes I hold a little service for the white male patients, perhaps from seven to eight, and as late as nine o'clock sometimes.

7693. Are they prepared to see you?—Sometimes I just go in without notice.

7694. Do you ever make surprise visits?—Yes.

7695. And are you always satisfied with the result?—I think so. I have no reason to complain.

7696. On the whole do you think the lepers are exceedingly manageable and tractable?—Yes, I think so.

7697. Do you think there would be any difficulty in managing them on the mainland?—I do not think so.

7698. Is there any need for having armed guards and a large staff of constables?—It is as well perhaps to have them there in the neighbourhood, although of course it increases the hardships of the patients' lot.

7699. Do you think it leads to any irritation on the part of the lepers to see policemen walking about with loaded firearms?—Many of them do not like the idea.

7700. Do they complain about it?—They have not lodged any complaint with me in that respect, but they have said they are worse off than thieves, and they compare their lot with that of the convicts. They are allowed to go about in certain parts of the island, but they must not cross the boundary because there is a constable placed there.

7701. Do you think that irritates them at all?—I cannot say that it does. At times perhaps when they get dissatisfied and break out, the idea that there are constables to watch them and if necessary keep them back irritates them.

7702. Do you think there is any real need for armed guards?—There must be watchmen of some kind otherwise they would cross the boundary line. Of course it makes them feel their liberty is curtailed.

7703. Do you think that sufficient effort is made on Robben Island to alleviate the condition and suffering of the lepers both physical and mental?—There is room for improvement.

7704. In what direction would you suggest improvement?—With regard to the sick patients, for instance, I think it is a hardship when a patient is dying that he has to get the same food as he has been accustomed to every day. Now and then perhaps an exception is made.

7705. Do not patients get any sick comforts?—I do not think so, at least not all.

7706. Could you not tell us definitely, because it has been stated in evidence that sick comforts are allowed?—I have not been there long and I am only there from Friday till Monday afternoon.

7707. Has any single case come to your knowledge where sick comforts have not been allowed?—There is one white man who was very sick last week; he said to me that he did not care for the food, and on Sunday evening Mrs. Todd asked me to enquire whether he would like a chicken, which I did. He was very weak and said that he would like it and Mrs. Todd was to have sent it, and it was in consequence of that that led me to think that more might be done in the way of sick comforts.

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7708. Why was this man not removed to the hospital?—I do not know.

7709. Do patients object to go to the hospital?—Many of them do. This was a white patient in pavilion No. 3, which is a long way from the hospital, and perhaps he was too weak to be carried such a distance.

7710. Why do they object to go to the hospital?—They seem to think it is the beginning of the end.

7711. Is No. 3 pavilion the furthest from the hospital?—No; pavilion No. 6 is the furthest off.

7712. Would No. 6 pavilion be twice as far off as No. 3?—Not twice as far.

7713. How far would No. 6 pavilion be from the hospital?—Three or four hundred yards.

7714. That would not be a very long distance to move a sick man, would it?—No.

7715. Is he so ill as that?—I think so.

7716. How do they move the patients as a rule?—I think on stretchers.

7717. Do you think the condition of the hospital is satisfactory?—Yes, I think so.

7718. Is the nursing staff sufficient?—I think so; there are only two nurses in the hospital; there were three until lately.

7719. Are the attendants sufficient to undertake all the duties?—In the other wards, but in the hospital ward there are only lepers who help the nurses. One of the nurses, Mrs. Pouncey, told me two weeks ago that they are a help, but their work is not always satisfactory.

7720. Is not the large amount of space that the different wards cover a great disadvantage in getting from one to the other, especially in wet weather?—I have found it rather inconvenient.

7721. Does the distance of the wards from each other increase the difficulty of management at all?—I do not think so, and as regards the distance between the male and female wards, there is the trolly which runs at certain times of the day. The medical gentlemen can always go down when they like.

7722. Is the female leper establishment too much cut off do you think?—No. The matron and her assistant are there.

7723. Do you think sufficient effort is being made to educate the children?—Yes, I think so. There are two schools in connection with the Dutch Reformed Church, and the English clergyman has two also. It is not only the children, but I am sorry to say many of the men also want education; indeed some are little better than heathen.

7724. In what direction could you improve the physical and mental comfort of the leper patients on the island?—I do not see how their condition can be improved; there is no work for them to do; all they can do is to lounge about.

7725. How do you account for the much more comfortable appearance of the lunatic wards on the island as compared with even the best leper wards?—Many of the lepers are not at all clean in their habits.

7726. Take the case of the white leper wards, would it be difficult to make them as comfortable as the lunatic wards?—In the lunatic wards the attendants make up all the beds, and I think every one is surprised how well they are kept, but in the leper wards, if I am not mistaken, the lepers make up their beds themselves.

7727. Is it not necessary to do more to inculcate habits of cleanliness and method among the lepers?—Certainly. I took one of the better class patients to task only two weeks ago and told him he would not get anyone to attend to him because he was not cleanly. It is very difficult to teach the patients cleanliness.

7728. Have you any remarks to offer with regard to the water supply, particularly in the female leper quarters?—No.

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7729. Do you concern yourself mainly with the religious welfare of the people?—Yes. Coming as a stranger to the island eight months ago to commence my work, I was surprised at what I saw. I thought that the segregation was totally different. I saw visitors come over, go into the wards and embrace, kiss, and shake hands with the lepers, and also share their food. I would not say they ought not to be allowed to do so, as the lot of the lepers is hard enough, and I do not see how the medical superintendent can make any other arrangements, but at the same time it seems that the real object of segregation is defeated There is one of the paying patients, a well-to-do man, who is blind, who said to me only last Monday morning that his first attendant was a strong able-bodied man, and unmarried, but he left and went as cook in the other wards; his successor was a married man, and his wife and children were on the mainland; the third attendant was a man who had his wife and children on the island. If, said he, these two married men with families could attend upon him, handle him, prepare his food and so on without any danger, why could not he be allowed to be isolated on his own farm with his wife to attend upon him.

7730. *Dr. Herman.*] Is it not a fact that the patient you refer to could not afford to be isolated on his own farm or would not make the necessary provision?—I do not think so; he is a well-to-do man. I believe he pays 3s. a day on the island.

7731. *Dr. Hoffman.*] Do many of the patients complain that they were brought to the island under false pretences?—Yes. Especially those from the Free State. The name of a certain landdrost, whom I know, was mentioned and I was very sorry to hear it. I can quite believe that he would misrepresent matters. One of the paying patients told me that he ought never to have been on the island; that he was forced to come away by the magistrate.

7732. Do the lepers from the Free State often express a wish to be segregated in their own country?—Yes.

7733. *Dr. Herman.*] Is it right for a patient to say he was forced by the magistrate; the magistrate only administers the law, does he not?—I believe he was informed by the Government, if I am not mistaken, that he would be allowed to remain on his farm provided he was isolated and looked after; and the next thing he heard was that he had to go to the island.

7734. Is it right do you think to say that the magistrate was to blame; either the law has to be administered or it has not?—In many cases I believe persons in authority were to blame on account of their misrepresentations. Patients, I am told, have been given to believe that there is a large staff of medical men on the island who will place them under certain treatment and in two or three months they will be cured and able to return home, whereas instead of two or three months, some of them have been on the island two years, and the percentage of Free State lepers who died last year was very large.

Miss Lucilla Sprigg examined.

Miss *Lucilla Sprigg.*

7735. *Chairman.*] Do you visit Robben Island?—I have not been there very much lately.

7736. When did you last visit the island?—I was there during the second week in January this year.

7737. Had you visited the island pretty frequently before that time?—Yes; the year before last I used to do so.

7738. In what capacity was that?—I went as a member of the Sufferers' Aid Society.

7739. Did you hold any official appointment?—Only as secretary to the Society.

7740. You went, I suppose, out of a desire to benefit the patients?—Yes.

7741. Did you go over on ordinary visiting days?—Yes.

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7742. How are the visitors met on the island; are they received by any of the officials?—No. If anyone wants to visit the wards they first go up to the doctor's office.

7743. Have you visited the leper wards?—Yes, both the male and female wards.

7744. Are the visitors met on landing by any of the lepers?—Not now; formerly it was so.

7745. Have the male lepers complained to you at all about their food and clothing?—No, they have never made any complaints at all.

7746. Have they complained about the way in which they are housed or about the attendants?—No.

7747. Have you been there at meal times and noticed the food?—Not lately; they do not like visitors to be present during meal times; before they used not to mind at all.

7748. Have the lepers ever complained of the quality or the quantity of the food?—Never to me.

7749. Have you noticed other visitors there?—Yes, sometimes a great many.

7750. Did some of the visitors share food with the lepers at times?—They used to bring things over and sit together and eat.

7751. Did they not seem afraid at all of the disease?—No. I used almost to wish that they were afraid.

7752. Did young children sometimes come over?—Yes.

7753. The visitors were not limited to grown-up people?—No.

7754. With regard to the visitors to the female lepers, were they allowed to go into the sleeping rooms and through the whole building to see their friends?—Yes; they sat mostly in the sleeping rooms.

7755. Was there no receiving room for visitors?—No.

7756. Were there ever any nurses present when the lepers received their visitors?—The attendants would come in and out. In the female wards an attendant used generally to go round with us.

7757. Did the female lepers ever complain to you about anything?—No.

7758. Not about the washing of the clothing?—No; their only complaint was that they wanted to get away from the island and go to their families.

7759. Did either the male or female lepers ever complain of any harsh treatment on the part of the attendants?—No.

7760. Nor of any neglect?—No.

7761. Did they ever complain of the climate on the island, the heat or the cold?—They sometimes might say it was a hot day.

7762. Have you ever been there in winter?—Yes.

7763. Did they complain then?—No; but you can see that they feel the cold.

7764. Do they complain of the glare of the sun or the high winds?—They may sometimes if they are feeling ill.

7765. Do you converse with them in Dutch?—No, only in English; most of them understood me.

7766. *Dr. Hoffman.*] Was the impression left on your mind that they were well cared for and well attended to?—Yes; the attendants really seemed to take an interest in them.

7767. Do you think there are enough attendants?—I do not know.

7768. They did not make any complaints?—No.

7769. Do you think as a general rule the majority of the patients are better off on the island than they would be in their own homes?—Certainly, the coloured patients are.

7770. Can you make any suggestions for the improvement of their condition?—I do not know of anything; I believe there have been many improvements lately.

7771. You say there were no complaints of ill-treatment by the attendants?—I never heard anything of the kind; on the contrary, I thought they were exceedingly kind to the patients.

Mrs. Louise Pouncey examined.

7772. *Chairman.*] What appointment do you hold on Robben Island?—I am nurse at the male leper wards.

7773. How long have you held that appointment?—A year and a-half.

7774. How long have you been on the island altogether?—Between five and six years. Previous to that I was working with the Sisters at All Saints in Cape Town, nursing and teaching. For about three months I was at the Lock Hospital. I went at my own request from Robben Island to the Lock Hospital, but I did not like it, so I asked Dr. Impey if I could return.

7775. What duties do you discharge now?—I work at No. 1 pavilion, No. I section I give the patients their medicines, occasionally do dressings, and see to the general order of the ward, and assist the patients generally.

7776. How many patients are there in No. 1 pavilion?—The number varies; about 27.

7777. Are they coloured patients?—Yes, all coloured; I have not one white.

7778. What are your hours of duty?—We are supposed to be on duty by eight o'clock in the morning; we leave at half-past ten and take an interval of about half an hour, return and go to dinner at one o'clock; then I go again at four and return home at six.

7779. Have you any written instructions for the proper government of the ward?—None whatever.

7780. Do you make your own rules and regulations?—Yes. I was previously matron with the female lepers.

7781. During the time you have had to conduct the business in the male leper wards, have you found the patients easy or difficult to manage?—I have found some very easy to manage and some rather troublesome, but in the main they are easy.

7782. What do they complain to you about?—Sometimes they complain about their food.

7783. What do they say is wrong?—They say that it is not well cooked; that is the chief complaint.

7784. Who is the cook at present?—There are two white men, Marshall and Howse.

7785. Have you ever inspected the food yourself?—Yes, frequently.

7786. Was it well cooked?—Sometimes. One day last week the vegetables were not sufficiently cooked, but on the whole the cooking is fairly well done, as well as you would find it in any large institution. I have heard the cooks complain that they have not sufficient accommodation in the way of utensils, and I was present myself when Howse spoke to Dr. Impey.

7787. Do the lepers ever complain of the quantity of the food?—No, they have abundance of food.

7788. What do they get for breakfast?—Bread and coffee. Some of them get medical extras, such as eggs and butter, but generally it is bread and coffee.

7789. And for supper?—Bread and coffee again.

7790. Are eggs a medical extra?—Yes.

7791. What do they get for dinner?—The dinner consists of meat and vegetables, except on Sunday when there is pudding, generally suet pudding.

7792. Do the patients ever get any fruit?—The Sufferers' Aid Society or private individuals have sent them fruit, but I do not think the Government allows it.

7793. Do you possess the confidence of the patients in No. 1 pavilion?—I think so.

7794. Do they ever complain to you that any of the attendants have

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been drunk?—I have heard complaints of that kind sometimes about men who have left the island.

7795. Are any of the attenants who were drunk still on the island?—No, none of them. One man was dismissed and another left of his own accord I believe.

7796. You have never seen any of the present attendants the worse for drink?—No.

7797. Have the patients ever complained about any of the present attendants?—No.

7798. *Dr. Dodds.*] When you speak of the attendants do you include the staff generally?—Yes. I have not heard any such complaints.

7799. *Chairman.*] Do you visit the wards at night?—That is not my duty. If a patient is sick I may go perhaps between eight and nine o'clock. It is not supposed to be included in my duty: I go on my own account if a man is very ill or dying to see how he is getting on.

7800. As regards the attendants, do you consider there are sufficient considering the number of patients in the male wards at present?—Yes, I think so. Some of the leper patients do some work; there are some very good workers in No 1 pavilion where I am at present.

7801. Are they rewarded in any way?—Yes they get little privileges I think in the way of sugar and coffee. Some of them do the dressings and they get £1 a month. When I was in No. 5 pavilion the men there only got 10s. a month.

7802. As a rule do the lepers do what you wish them or have you any difficulty?—Some do it willingly and others not. You have to insist in some cases.

7803. Have you any bedridden patients in your ward?—Yes; there is one man who cannot walk at all; his hands and feet are affected.

7804. Have you any work in connection with the general wards?—No: I am in the hospital ward; I have worked in No. 2 ward, but at present my duties are confined to the hospital.

7805. How many patients are in bed in the hospital ward?—About four generally in my ward, but some of them get up occasionally and go as far as the stoep perhaps if they are assisted.

7806. Do the patients complain to you about their clothing?—I have heard them complain. They have said that their trousers and other things go to the wash and they do not get them back again for some time, and they also complain at times that their shirts are torn. As a general rule the clothing is very fair.

7807. Do they complain of insufficient clothing at all?—I have not heard them.

7808. At what time is the clothing issued?—If a man is in want of clothes the superintendent goes to the office and procures them for him.

7809. Who has the right to decide whether a patient wants clothes or not?—Mr. Fitch, the superintendent.

7810. Is the matter in his hands altogether?—Of course if the doctor said that a man was to get a new suit he would get it.

7811. But as a rule Mr. Fitch is applied to first?—Yes; he might speak to me about it.

7812. Do the patients complain of the cold through want of clothing?—I have not heard them; they have good great coats all of them, and it would be quite without foundation if they did complain. The great coats are as good as you could wish to see.

7813. Do they complain of the climate of the island, the heat, wind, dust, or glare?—I have heard one or two with weak chests complain about the sea air, and say it is not good for them; that is how they put it generally; but the majority do not complain about the climate. They complain about the isolation, most of them.

7814. How many nurses are there in charge of the hospital ward?—There are at present only two nurses among the male patients.

7815. Are they female nurses?—Yes.

7816. Are they trained hospital nurses?—No; neither of us are certificated hospital nurses.

7817. When you speak of two nurses, are there two in addition to yourself?—No; I am one and there is another.

7818. How is the night duty provided for?—There is a night attendant.

7819. Is that a leper?—No; he is like the other attendants, only he has night duties.

7820. Does he supervise the ward until the morning at eight o'clock?—Yes. There is a night report book, and in that book is entered anything the attendant has to do, any directions as to giving medicine, and so on.

7821. Does the attendant call anybody in the night in the event of a patient dying say?—I have been called at night, but it is not the rule; when I have been called I have always gone.

7822. Are any inspections made by the medical officers at night?—I think not.

7823. Are there any stated hours during the day that the medical officers go round?—They come once daily; there are no stated hours. It is generally about ten or half-past ten in the morning.

7824. Do they make a second visit in the evening?—No.

7825. Speaking of the male leper wards generally is the food daily inspected by anybody?—I do not know whether it is inspected in the kitchen; it is not in the wards, I have never seen it inspected there.

7826. *Dr. Dodds.*] If you see anything wrong, do you report it?—Decidedly. I never keep anything from the doctor, whatever it may be.

7827. *Chairman.*] Do you consider that the male wards are crowded now?—I think No. 5 pavilion is crowded. I do not think No. 1 is over full.

7828. With regard to the female lepers, have you had any experience of them?—Yes. I was 3½ years with them as matron.

7829. During that time did you find them difficult to manage?—Yes, very difficult. At the beginning there were only 24, and I did not find it difficult, but the number increased to 78 before I left.

7830. With the increasing number did the difficulties become greater?—Yes; and the men had more liberty and used to come round about the wards.

7831. What date were you in charge of the female leper wards?—On February 8th, 1888, I think I went, and I remained in charge there three years and eight months.

7832. What number of female lepers were there when you left?—78.

7833. Will you state how difficulties began to arise in the management?—When I first went there there used to be a high stone wall all round; there had been great immorality before this wall was built, part of the wall is still there. There were holes at the bottom of the wall connected with the drainage and the men used to come and pass things through these holes to the women, and it was not any use trying to drive them away. I pointed it out to the doctors and they tried to stop it. I did not think it was at all safe or proper, as the men used to come there sometimes at night after the women had gone to bed.

7834. What date was this?—About 1890 or 1891; it went on more or less during the whole time I was there.

7835. Did the men get into the compound?—I cannot say that I ever saw them inside, but the men used to pile up boxes or things on the outside and the women did the same within; and then they talked to each other over the wall. I have heard of the men being inside.

7836. Before you left was there a wire fence put up?—It was in contemplation, but it had not been put up. That was partly the reason why I insisted upon going.

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7837. Have you any knowledge of the male leper wards now?—I have been there twice since I left. I do not know much about them.

7838. Do the male lepers visit the females?—If they have a pass they are allowed to go inside. Since the present enclosure has been put up the men talk to the women through the fence, they stand and sit about all round.

7839. Do you think that is conducive to the good government of the place?—I should think not. I have been told that the attitude of the men is sometimes very indelicate.

7840 Do you think the male lepers make appointments with the female lepers even now?—I should say there was no doubt about it.

7841. Why do you think that?—From the general tone of the place. I should think there was extreme laxity.

7842. Can it be prevented?—I think there was a very good plan formerly; a man used to have a pass signed by the doctor, and he was admitted with that pass, and I always remained during the interview. If I had other duties to attend to I made another woman come down. They used to sit in front and talk under supervision, and when the man had been there long enough he was told to go.

7843. What is the form of pass now in use?—I cannot say whether there is any supervision there now, but I have been told that they pull each other about through the fence, although I have not seen it.

7844. Have you ever overheard the men make appointments with the women?—No, I have not.

7845. With regard to the visiting to the male leper wards, how is that regulated at present?—They are admitted by a pass and they remain as long as they like: there is no supervision. If anyone is on duty of course that is all right, but then they have to go for their meals and the visitors can go in and out as they like.

7846. Do the male lepers walk about the island with their friends?—I believe so.

7847. Have you ever seen them?—There was a woman stopping on the island and I saw her going about; that was quite recently.

7848. Had she been allowed to stay over?—Yes.

7849. Was she going about with some of the men?—Yes.

7850. Is she on the island now?—I think she left yesterday.

7851. Do you know her name?—She came to see a boy named Piet.

7852. Is she supposed to be his wife?—Yes; she is a coloured woman.

7853. How does she obtain leave to stay on the island?—I suppose she gets leave from the surgeon-superintendent.

7854. Where does she stay?—I believe at the chaplain's house.

7855. Is there a room in his house set apart for the use of visitors staying over?—He gives the use of a room himself; it is his own kindness.

7856. *Dr. Dodds.*] Are these two people an elderly couple?—No; Piet is quite young, about 25 perhaps.

7857. *Chairman.*] When the boat arrives are the visitors met by their leper friends?—They must get a pass to go down to the boat.

7858. How many get passes as a rule?—I cannot say.

7859. Would you say ten or twenty?—I do not think more than a dozen.

7860. Do the women ever come down to the boat?—No.

7861. Do they ever come down to see their friends off?—Never.

7862. Do visitors ever stay with the attendants or nurses?—I used to have a friend staying with me pretty frequently when I was at Murray's Bay. I had a spare room and I got permission. It was very dull and isolated, and Dr. Ross said he would not object to my having a friend occasionally if I told him.

7863. When visitors come to the wards can they go where they like?—No one is admitted without a pass.

7864. How many on an average come on visiting days to your ward?—

Not more than half-a-dozen on the average. Some days there are as many as 20, and some days only two.

7865. Are they allowed to stroll about any part of the island with the male lepers?—Yes.

7866. There is freedom as regards that?—Yes, quite so.

7867. Do visitors sometimes bring presents of sweets, cake, fruit, and so on?—Yes.

7868. Do they sit down and eat together?—They do not sit at the table with the lepers, but I daresay they eat by the bedside.

7869. Have you ever seen them using the same plate or spoon?—I have seen them taking tea and coffee together, and they must use the same cups, because there are no others.

7870. As regards the female lepers, have you seen the visitors kissing them without any fear?—Yes.

7871. Is the visiting under the same conditions in the female as in the male wards?—It used to be when I was there.

7872. Were the women allowed outside the fence?—I used to take them out every afternoon for exercise.

7873. How is it at present?—I do not know.

7874. Is there any night guard at the female leper compound?—Yes; there are constables there at night.

7875. Have any complaints been made about the constables?—Not to me. I never heard any.

7876. What do the leper patients chiefly complain about?—The want of freedom; they do not like the restraint on the island nor the isolation.

7877. Have they expressed any desire to you about returning to the mainland?—Yes. I have heard some of them say they want to go home.

7878. Are they more excited after visiting days?—No; I have not noticed any difference.

7879. Have you observed any cases of drunkenness among the patients after visiting days?—I have not seen any.

7880. Do you think smuggling goes on to any extent?—I should think it goes on to a small extent, but not in No. 1 pavilion. I think I can answer confidently as regards that.

7881. Why do you think it does not go on in No. 1; It must be a very difficult thing to find out, must it not?—I fancy I should know about it. I do not see how it could be done. I know every part of the place, and there would be no means of concealing anything.

7882. Have the men complained about the quality of the tobacco?—Yes. I have heard them grumble about the tobacco.

7883. Is that always?—Not always. About three weeks ago they had their ration of tobacco issued on Saturday. Dr. Impey was in town, and they kept it till Monday to show him; they never touched it; it was lying on the table, and they grumbled very much and said it made their chests sore.

7884. *Dr. Dodds.*] In your ward are they all coloured patients?—Yes.

7885. In the hospital No. 2 ward are there any white patients?—No; they are coloured. One section is for the Free State patients and the other for the rest of the natives.

7886. Have the patients any objection to be taken to the hospital ward?—I have heard some of them express an objection. They do not exactly understand what it is, and they are afraid they will be under greater restraint than in their own wards, but that is not so much lately; it was when there were more nurses. We have been obliged to relax the system a good deal.

7887. Then they are getting over the objection?—Yes, I think they go willingly enough now.

7888. Did not the objection arise to a certain extent because they thought going to the hospital was just a preliminary to death?—No, I do not think so, because they die in the other wards just the same.

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7889. If a patient comes to the hospital ward and gets a little better, is he transferred again to another ward?—Yes, he is sent back to his own ward if he expresses a wish and is well enough to go, and does not require very much dressing.

7890. Whether he expresses a wish or not, is he sent to another ward to make room for other cases?—Yes; if we wanted the bed we should send the most convalescent patient out.

7891. Are there any instructions as to the danger of contagion and the necessity for the staff using disinfectants?—No, I never heard of any.

7892. As a matter of fact do the attendants take precautions against contagion?—Not that I know of. The attendants do not dress the wounds; the dressings are done either by the nurses or by the boys who have been trained to do the work. When the nursing staff became too small we were obliged to get some of the boys to assist.

7893. Do the nurses take any precautions and use disinfectants?—We use carbolic soap.

7894. Is that the only thing?—Yes: it is the only thing that I ever use.

7895. What time do the nurses and attendants go off duty at night?—In the afternoon the attendants serve the tea about half past four and then they go off duty; we come off at six.

7896. What time does the night attendant come on duty?—I think between eight and nine o'clock.

7897. Between six o'clock and eight who is responsible for the care of the patients?—I do not think anyone is responsible.

7898. Suppose a patient was dying?—Then we should be fetched; the nurses' home is quite near to No. 1 ward; one of the ward boys would come and call us.

7899. Would that be only in the case of emergency?—Yes, only in case of emergency. Now and then I run in myself of an evening.

7900. As a rule the wards are left without anyone specially responsible for about two hours every night, are they not?—Yes, and they are also left when we go for our dinner: we do not go on duty again till four, therefore during that time they are more or less left as the attendants have to go for their meals.

7901. What time does the night attendant go off duty?—About half-past six in the morning. The attendants come on duty about seven, but I go on duty myself at eight.

7902. You were in one of the other male wards some time ago, did any of the patients there have medical extras?—Yes, wherever I have been the patients have had medical extras if it has been necessary.

7903. Have you asked for them and got them?—Always. A man may ask perhaps for brandy when it is not necessary, and then it is refused, but such things as butter, eggs, milk, very often poultry and wine, are given if considered necessary.

7904. Has your experience been that the patients are really liberally dealt with?—They are most liberally and kindly dealt with; there is certainly not a doubt about it. I have often remarked that practically they are masters of the situation there: the men are certainly: I do not know about the women because I have left them, but they were very kindly dealt with when I was there I am quite sure; and I feel certain they are now. Dr. Impey is most kind to them, and brings them all sorts of things, whistles, concertinas, and anything to give them pleasure. He is very kind and so is the other doctor.

7905. *Chairman.*] Has any course of medicinal treatment been adopted while you have been there, anything on a large scale?—When gurjun oil was supposed to be a great cure, they had that.

7906. When was that tried?—In the female leper ward it was tried perhaps three or four years ago.

7907. Were notes kept of the cases?—In Dr. Dixon's time they were; a book was kept. Koch's lymph also was tried, and the temperature was taken three or four times a day and shown to the doctor and records were kept. Then there was a mixture called Impey's mixture, which the doctor thought might do good; we tried that.

7908. Are the lepers themselves desirous of carrying out any course of treatment or are they averse to it?—They will try anything; they were always readily injected with Koch's lymph.

7909. *Dr. Dodds.*] Was there always a large number of patients under medical treatment in your ward?—Yes, always.

7910. How many roughly speaking?—Ten or twelve out of 25. Then they were constantly getting cough mixture and such things; any special medicine would be prescribed by the doctor if it was wanted.

7911. Can you make any suggestions with a view to improve the condition of the patients?—No. I do not think so. They have good beds and so on. Perhaps the cooking might be a little more carefully done. There is a large number to cook for and it is done in rather a wholesale manner.

7912. In winter is it not difficult to carry the food in from the kitchen to the wards?—Yes; it is rather a long way, but they have covered ration boxes.

7913. Do you think it would be any advantage if they had a large dining room near the kitchen and all assembled there and took their meals; the room might be used at other times for recreation purposes?—I do not think that would answer; it would only be an additional place to litter; they are very untidy people. I do not think it would make them a bit more comfortable; they have excellent dining rooms.

7914. Do they ever use the dining rooms as sitting rooms?—Sometimes they do; they play cards and other games there.

7915. Why do not they use them oftener; were they not intended as sitting rooms?—You often see them playing games there, and sometimes they play on the stoep.

7916. Are the dining rooms fairly comfortable?—They are good rooms, but a little colder and more draughty than the wards; there is no stove.

7917. As a matter of fact do the patients sit about the dormitories and lie on the beds instead of being in the day rooms?—Yes.

7918. Is not that a very bad thing in so far as keeping the rooms clean goes?—You have to go round the wards two or three times a day and put the beds right. I do that the first thing when I go into the wards. I often tell them not to lie on the beds when it is not necessary, that if they do not feel well they can undress and get into bed, but they do not take it in good part.

7919. Have you ever tried to lock the dormitories and make them sit under the verandah or in the day room?—Such a thing as that would bring about instant rebellion I am sure. That class of people would think nothing of breaking the windows or the doors.

7920. *Chairman.*] Would it be difficult to draw up some regulations?—It would be very difficult to enforce them at first, because they have had a great deal of liberty; there has been too much laxity and they are masters of the position; there is no other way to put it.

7921. Would you advise some regulations being drawn up?—It would have to be done very gradually and judiciously. It would be much better if there were some rules, because the sick patients who are confined to their beds do not care to see the others playing cards all day and so on.

7922. If they decline to do what you tell them have you no redress?—No. When I was in No. 5 ward there was a man there who was very troublesome; he is dead now. I asked that he might be removed as he set such a bad example, and the doctor gave permission for his removal, although the man was greatly against it; the others said that he should not go and

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they took up the cudgels in his behalf. Mr. Fitch then said it was better for him to remain. I said no more about it, and he had to remain, and he did not give much trouble afterwards. I had to use a very firm hand with him; a very short time after that he died. It is very difficult to deal with such cases; you have to use tact and try and keep on good terms with them as far as you can.

7923. Have there been any disturbances on the island between the lepers and the officials during your time?—The women all surrounded Dr. Impey the other day.

7924. How long ago was that?—About three weeks. The other day also the women came out of the compound and followed Dr. Impey when he was on the trolly.

7925. Was that when the Commission visited the island?—I think so.

7926. Have you heard of other disturbances?—Yes.

7927. Did not the men go up to Dr. Impey's house?—Yes, that was about the meat; they said it was not good. I believe the chaplain, Mr. Watkins, talked to them and persuaded them to go back.

7928. Why could they not eat the meat?—They said it was stale and had been put into the pot without being washed I think.

7929. How did the men get past the barrier?—They must have gone the back way, which is quite possible.

7930. Can they at any time go that way and escape the notice of the guard?—They can if they like.

7931. Have there been any other disturbances?—That is all I know of.

7932. Did the male lepers speak very bitterly as if they had a grievance?—I heard so.

7933. Have they ever used any threats?—I have not heard them.

7934. *Dr. Dodds.*] Have you heard of their using threats?—No.

7935. Not against Dr. Impey or any of the staff?—I have heard them make remarks such as discontented people will do, but nothing more.

7936. Have you heard them threaten to burn Dr. Impey's house down or anything of that kind?—I have not heard it myself, I was told that they said so.

7937. Who told you?—The person who told me was Mrs. Fitch; they did not say it to her, and they never said it in my hearing I am sure.

7938. Do you think they might burn Dr. Impey's house down or the wards in a fit of temper?—I do not think there is anything to fear in that way. I have worked with them a long time and they say all sorts of things when they are irritable, just like children.

7939. Is there any difficulty in ventilating the hospital ward?—The patients do not like the windows open if it is at all chilly, but we manage to get them open.

7940. How is the ward in the morning when you go into it?—When I go into the ward in the morning it is pretty well aired; the attendants see to that.

7941. Have you ever been there during the night?—Yes; not in No. 1 but in No. 5 frequently, and it was rather close and stuffy in one section.

7942. Is the ventilation only through the windows and the roof—The windows doors and roof, that is all. There are no stoves in No. 5; there is a stove in No. 1.

7943. Are there any other suggestions you would like to make with a view to improve the condition of the lepers in any way?—No, I do not think so. I think, taking it all round, they are pretty comfortable; they have good beds and bedding, and far better food than such a class of people could possibly hope for in their own homes. The food might be a little more carefully prepared.

7944. If the leper patients were removed to the mainland do you think they would be as difficult to manage as on the island?—I think much more

so. You could not isolate them in the same way, and then again you have the visitors pretty much under control now, and you know exactly who comes and whether they leave the island or not.

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7945. *Chairman.*] Would you require a much larger staff of guards and attendants on the mainland ?—Yes, certainly.

7146. *Dr. Dodds.*] But the difficulty is got over in the case of ordinary hospitals, is it not ?—The leper patients cannot be looked at in the same light as ordinary hospital patients who come and go, they think they are under detention for life, and not temporarily.

7947. Would there be the same difficulty with the white leper patients as the coloured on the mainland, do you think ?—No, there is a comparatively small number of white patients, and when I was in the female ward I found the white patients very decent people, I had not any difficulty with them.

7948. *Chairman.*] Were they easy to manage ?—Yes, you can reason with them and tell them things.

7949. Have you anything else to suggest ?—No. My opinion is that the patients are very fairly dealt with, and they have nothing to complain about.

Cape Town, Friday, March 16th, 1894.

PRESENT:

Dr. Murray *(Chairman)*,

Dr. Dodds,
,, Fismer,

Dr. Herman.

Dr. C. Kohler further examined.

Dr. *C. Kohler.* — March 16th, 1894.

7950. *Chairman.*] Have you visited Robben Island as the representative of the Free State Government ?—Yes, a year ago.

7951. Was it specially with a view to enquire into the condition of the Free State lepers ?—Yes.

7952. Have you received a letter of complaint from them ?—Yes, I had a letter some months ago.

7953. What did they complain to you about in the letter ?—It was the whole affair ; they said they wanted to go home.

7954. Did they complain of ill treatment on the part of the attendants ? —They did not complain of ill treatment, but they stated in the letter that the attendants were drunkards.

7955. Did they mention which of the attendants were drunkards ?—They did not mention any name. Their chief burden of complaint was that they wanted to get away from the island.

7956. Can you supply the Commission with the letter ?—Yes.

7957. Who is it signed by ?—It is only signed by the "Free State lepers."

7958. It is a sort of round-robin ?—Yes.

7959. With regard to the female wards, have you had complaints from any of the patients ?—Not from the patients, but I have heard remarks from others about two of the matrons ———— and————

7960. What was the nature of the statements you heard ?—That they were not fit for the place.

7961. On what grounds ?—*One* I know personally, she drinks in my opinion and is not at all fit for the post.

7962. Do you know anything of her antecedents or previous history in Cape Town ?—No ; but from my own knowledge I know that she does drink.

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7963. Is she a fit and proper person to be in charge on the island?—No; she is altogether unfit.

7964. Have you ever seen her drunk?—Yes, I attended her several times.

7965. Do you know anything about the other attendant?—I cannot say anything against her character.

7966. Is there anything said against her work on the island?—No.

7967. Have you ever seen her drunk on the island?—No.

7968. What did you know about the former one in Cape Town?—Her husband left her and she was living at different boarding houses in town.

7969. In what quarter of the town?—At Claridge's hotel and at a boarding house in Bree Street.

7970. Did she ever live among Malays?—I do not know. I did not hear about that.

7971. Do you consider the other one a fit and proper person to have charge of lepers?—I would not take her either. I cannot bring any charge against her character.

7972. Have you ever known her to be drunk?—No; I do not think she drinks.

7973. Do you consider her a person of improper character?—I would not select her as a nurse.

7974. Did any of the female lepers ever complain to you of ill-treatment by either of the two matrons you have mentioned?—No.

7975. With reference to the male lepers, have you reason to believe that what is stated in that letter is true?—Yes; I have heard it spoken about.

7976. When you have been on the island were the attendants sober?—Yes.

7977. Where have you heard anything which leads you to think the statements in the letter are correct—I have heard remarks made in town occasionally.

7978. Do those remarks tend to corroborate what the patients state?—Yes.

7979. Do you think the people who told you were trustworthy?—Yes.

7980. Can you give their names?—No.

7981. Were they people who had visited the island themselves or who had any knowledge of it?—Besides others the bar-keeper spoke about it.

7982. *Dr. Dodds.*] Have you made a report on the condition of the Free State lepers on the island?—Yes; I sent it to the Government there.

7983. Did it contain anything very special relating to the condition of the lepers on Robben Island?—I reported that I was satisfied that they wanted to come away. They complained that they were not visited by the doctor.

7984. When was it that you reported?—About a year ago, in April or May last.

7985. When were the Free State lepers sent to Robben Island?—I don't know exactly.

7986. Did you ever practise in the Free State?—Yes.

7987. Do you think it is a good thing to send lepers from the Free State to Robben Island?—No; it would be much better to keep them in the Free State; they would be more satisfied if they were isolated there.

7988. Do you think the island affects their health prejudicially?—Yes, they complain of the damp and cold weather. There were many of them suffering from colds, and the sand affects their eyes. They also say they would more frequently get visitors if they were nearer home.

7989. If they have to be segregated, do you think it would be much better for them to be segregated in their own country?—Yes.

7990. If they remain on the island, can you make any suggestions for increasing their comfort?—As far as I could see they are comfortable.

7991. Did they complain about their food?—No. I asked them but they had no complaints about the food.

7992. Did they complain about the clothing?—No.

7993. Did you give them full opportunity to complain if they wanted to?—Yes. I put questions to them without a doctor or attendant being present.

7994. Were you satisfied with the food and so on the day you were over on the island?—Yes. I spoke to them alone, there were no attendants present, so that they had no reason to be afraid to speak out plainly.

7995. Do these Free State patients often write to you?—No, they have only done so once.

7996. Have you been requested to make periodical visits?—No; I go over to the island when the Free State Government ask me.

7997. *Dr. Fismer.*] Are there only coloured patients from the Free State, or are there any white?—There were at that time all coloured patients as far as I remember.

7998. Are there any European lepers in the Free State?—Yes.

7999. Are they not forced to be segregated?—Yes; and I have heard that some have been sent down.

8000. Are there a good many European leper patients at large in the Free State?—I am sure there are some who never will be segregated.

8001. *Dr. Dodds.*] What do you attribute the large mortality among the Free State lepers to?—Very likely it is owing to the damp and cold and to their mental depression.

8002. Do you think it is that or the fact that the cases were very bad when they came down perhaps?—I do not know that they were very bad.

8003. *Chairman.*] Did you see them at the time they came down?—No; it was a year afterwards. Many of them were light cases; there were comparatively few very bad cases among them.

8004. *Dr. Fismer.*] Would they be more satisfied and not object so much to segregation if they were isolated in the Free State?—They would be more satisfied.

Rev. R. G. Nichols, examined.

8005. *Chairman.*] Have you held any appointment at any time on Robben Island?—Yes; I was assistant chaplain and acting chaplain, principally assistant.

8006. At what date?—In 1888.

8007. Have you visited the island recently?—No.

8008. Have you any idea what alterations have taken place there lately?—No.

8009. Were there many lepers on the island when you were chaplain?—I think about 130 male lepers and about 98 female.

8010. Did the lepers ever complain to you of the attendants or about their food or clothing?—No; I do not think so. I do not remember any special complaints.

8011. Who was the superintendent of lepers then?—Mr. Fitch was there the latter part of the time. Before that, Mrs. Pouncey had charge of the female lepers; Mrs. Robertson first, and then Mrs. Pouncey.

8012. Was Mr. ——— ever drunk?—I never saw him drunk.

8013. Were any complaints made to you about him?—I lived with him in the same house for six months, but I never saw him the worse for drink.

8014. Were any of the male leper attendants during the time you were there the worse for drink?—When I was there they had leper wardsmen; they had not any male attendants at all. They had not any opportunity of getting drunk, unless they got drink on the sly. Each room had a man, and they were allowed certain privileges such as tobacco and other things. Dr. Ross has told me that sometimes Malay women would smuggle over drink, but the authorities were very strict then.

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—
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8015. Did you ever see any officials in connection with the leper establishment the worse for liquor while on duty?—No. I visited the wardsmen regularly and held Bible classes.

8016. Did you know the dispenser at that time?—Dr. Wynne generally used to dispense at that time; he was surgeon-in-charge both of the male and female lepers, and he did all the dispensing I believe in Dr. Ross's time. A man came over for a short time as dispenser; and then they had a young lunatic attendant who used to dispense; he has left the island and has a bottle store in Stuckeris Street. He was very sober and did not drink at all.

8017. Did you ever see ——— drunk?—No, never.

8018. Did it ever come to your knowledge that he slept in a leper's bed?—No.

8019. Did you hear about it?—I have a dim recollection of having heard that there was a charge to that effect. I do not know who told me.

8020. Do you attach any importance to it?—I was very much surprised, in fact I could not believe it.

8021. Can you give us the name of your informant?—I really could not tell you. I do not know now who it was.

8022. Did you believe it?—I could not believe it; I thought it was a most unlikely thing for him to do, exceedingly improbable.

8023. During the time you were there did the lepers ever complain about the food or clothing or did they seem satisfied?—On the whole they seemed very well satisfied.

8024. What did they complain of to you mostly?—I hardly remember that they complained of anything. They felt the cold very much on the island, but on the whole I found them very happy and contented. They were very fond of Dr. Wynne and liked him very much indeed; they praised him as being particularly kind. As a rule the male and female lepers were very religious and pious.

8025. *Dr. Dodds.*] Were you on the island when Colonel Knollys wrote an article in Blackwood's Magazine?—Yes; he visited the island.

8026. What you say refers to that period, does it not?—Yes.

8027. Was Mr. Fitch the superintendent of lepers?—Yes.

8028. Did he do his work enthusiastically with a view to improve the condition of the lepers?—Very much so indeed; he attended to his duties most punctually, and did all he could for their amusement; he worked very well indeed.

8029. Was that when the lepers were in their old quarters?—Yes.

8030. When it was very hard work to make them comfortable?—Yes; it was very hard work, they complained of the draughts and the cold very much. There was one old Hottentot woman who was very troublesome; she had lost both her hands, and she used to put up the female lepers to complain and incite them to insubordination.

8031. Do you think Robben Island is a good place for a leper asylum?—It is a good place to segregate the lepers, but it is not a good place for the lepers themselves; I think it is too cold.

8032. Is it a good place for the staff do you think, looking at the conditions of life?—Hardly.

8033. In your time were feuds common among the members of the staff?—No, not often I think.

8034. Not more so than you would find to be the case in any large institution?—I do not think so; I think they seemed to get on very well together. I do not think the medical men pulled very well together. I used to hear complaints several times.

8035 Was there any friction between the clerks and the other members of the staff?—No. Sometimes there were complaints about not being able to get things at the store, but the office of store-keeper is not a popular one.

8036. Do you think it would be better if the officials could visit the

mainland oftener?—I am afraid when some of the attendants come to the mainland they are apt too much to make a holiday of it.

8037. Was there much drinking on the island in your time?—No; they had no chance, they were only allowed a certain amount.

8038. *Dr. Herman.*] How were people allowed to get drink on the island?—I know one person who was allowed to get three bottles of wine on Saturday night, which was supposed to last him the whole week, which I think was a bad thing. I believe the doctors got their drink from Cape Town.

8039. Could the attendants, boatmen, and guards get drink over from the mainland?—No.

8040. What was there to prevent them?—They were watched. I do not think there was much chance of smuggling; they might smuggle a bottle of brandy, but I do not think it was often done.

8041. Can drink be purchased on the island?—It can now. There is a store there. When I was there three years ago, the attendants were allowed to go to the store from seven to ten, but the storekeeper had strict orders to limit the quantity sold. They used generally to drink Cape beer.

8042. Did those stringent regulations do good?—I think so, and they were necessary.

8043. *Chairman.*] Do the same conditions prevail now?—No, they have been altered. I have known of two men being dismissed for drunkenness. Where they managed to get the drink it is difficult to say. A man would perhaps come over to Cape Town and drink a good deal; then he might smuggle a little and on Saturday night he could get three bottles of wine. I think it would have been better to allow a man a certain quantity per day instead of getting a lot on Saturday night. Dr. Ross was very particular. He gave a man two chances, but for the third offence he was dismissed at once. Now I believe that visitors going over are not allowed to buy anything at the store without an order from the doctor. I have been told so.

8044. Were you ever at Saldanah Bay?—Yes.

8045. Did you see any lepers there?—Yes.

8046. What year was that?—I was there for four and a half years, from July 11th, 1861, till the end of 1865; then I was for five years in Malmesbury, and went back for 18½ years to St. Helena Bay.

8047. What kind of persons did you find affected?—All coloured people, mostly fishermen.

8048. Were there no white families?—No. There was an old woman who they said introduced leprosy into Saldanah Bay and St. Helena Bay; she came from Madagascar. She died of leprosy, and all her daughters died of it.

8049. Was she the first leper to your knowledge who had ever been at Saldanah Bay?—Yes; her name was Pieterson, she died in 1865; that was the first case of leprosy to my knowledge.

8050. Did you see her?—Yes.

8051. What form of leprosy did she have?—The anæsthetic form.

8052. Had she no tubercles or swellings?—Yes.

8053. And any ulcers?—Yes, and she had lost some part of her fingers.

8054. How did the disease spread if she was the only case?—She had several daughters, and they all married runaway sailors, Englishmen; all the daughters nearly died, and they were very bad cases of leprosy. I think the internal parts were attacked mostly.

8055. What do you mean by the internal parts?—The lungs; they did not show it much outside. In one case there was a very large ulcer on the breast.

8056. You say that the daughters married sailors; what became of the descendants, are they still living?—Yes, several of them are,

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8057. Have they all been removed to Robben Island ?—No.

8058. *Dr. Herman.*] Are the descendants lepers ?—Some of them are very healthy indeed. There was one of the men who married a daughter of the old woman, who had every appearance of developing leprosy, especially in the feet; his feet were very much swollen and very red, and his eyes looked peculiar. After his first wife died of leprosy, he married a healthy woman, and then the disease seemed to leave him. He died very suddenly, however. I think he had something the matter with his heart; he was a boatman, and his name was William Brooks.

8059. Was that at Saldanah Bay ?—No; at St. Helena Bay.

8060. Is there anybody there from whom we could get information ?—I think Dr. Simons would be able to give you information, because he was sent specially to investigate cases of syphilis there. There is Dr. Cashel at Vredenberg.

8061. Do you think Dr. Simons came across the family you speak of? —Yes.

8062. Do you know of any other cases ?—Yes; there is a man who is now on Robben Island; he has been there a long time; he is not very bad, only lame in the feet.

8063. Did he marry one of the old woman's daughters ?—No; he was married to a girl there; not one of the Pietersons; it is another case. The old woman died and all the daughters, and the third generation do not seem to be so bad; they take more after the fathers who were big, strapping, healthy white men.

8064. *Dr. Dodds.*] Is there any old resident there to whom we could apply for further information ?—I only know of Dr. Cashel and Dr. Simons. The Pieterson family was a large one, and four of the daughters decidedly died of leprosy. There are lepers at Stumpnose Bay and Paternoster.

8065. How did they get leprosy ?—It was introduced by the old woman from Madagascar.

8066. What were the conditions of life of the Pieterson family ?—They lived at Britannia Bay, just outside St., Helena Bay, in pondocks and they ate a great deal of salt fish, harders, bokkems, and snoek; the sleeping accommodation was very poor.

8067. *Chairman.*] Did they salt and cure the fish and then eat it ?—Yes.

8068. Was that their principal article of diet ?—Yes; they did not get much meat, and no vegetables.

8069. Do you know if any of the men who married the daughters became lepers ?—Only William Brooks showed any symptoms. I buried him. I think Mrs. Brooks lives in Orphan lane, Cape Town, and has three children; she married twice.

8070. Are any of the children of the first marriage alive still ?—Yes, there is one son, but I do not think there are any daughters.

8071. *Dr. Dodds.*] Is there any doubt that the daughters of old Mrs. Pieterson died of leprosy ?—Not the slightest. The families are all looked upon with some sort of suspicion. One of the daughters married an Englishman named James Ward, and the children seemed to be very healthy.

8072. Does he live in Cape Town ?—No; at Stumpnose Bay; he is a fisherman, about 58 or 59; he does not go out fishing now, as he suffers from rheumatism. Saldanah Bay is the worst place of all for lepers.

8073. Can you give us the names of any families there ?—It is so long since I visited there. I had a Government school at St. Helena Bay.

8074. Do you know anybody who would be able to give us any information ?—Mr. Jacobus Schikerling has a large business and fishery there.

8075. When you were in the Malmesbury district did you see many lepers there ?—No, very seldom; there was one man, an Englishman, who died on Robben Island—his name was Richard Cox; and another man named George Muller, both white men.

8076. Were they both on Robben Island?—Yes, and they both died; they were two very bad cases.

8077. Had they any families?—Richard Cox was married: his wife is living at Saron Mission Station, in the Malmesbury district; there are lepers there, and leprosy has developed more in Malmesbury and Mamre since I left the district.

8078. Did they ever tell you how they got it?—Cox was a well sinker, and he neglected himself very much indeed, and caught cold; he was given to drinking.

8079. *Dr. Herman.*] Did he say he got it through a cold?—He said so.

8080. Do you think it possible for leprosy to arise through a cold?—Yes.

8081. Do you think it is contagious?—No. I know of two cases where the disease was developed through bathing. One was a man who lived at the mouth of the Berg River, two or three hours from Hopefield; he was born at Simon's Town and was a labourer and fisherman. He had been carrying grain bags, and was in a profuse perspiration and jumped into the river in a heated state, and got a severe cold. Before that he seemed to be quite a healthy man, and he died of leprosy.

8082. *Chairman.*] How long after bathing did he begin to be ill?—A few weeks afterwards.

8083. Did you observe him at that time?—I saw him constantly.

8084. Before that did you believe him to be a healthy and strong man?—Yes, he was apparently in the very best of health.

8085. Had he been living with other people who were lepers?—No.

8086. Who did he live with?—His father-in-law.

8087. What was the name of his father-in-law?—Robert Johnson.

8088. What did his father-in-law work at?—He was a fisherman and had his own boats.

8089. Was there a large family in the same house?—Yes.

8090. Were the members of the family healthy?—Yes, his wife and children were all healthy, there was nothing the matter with them.

8091. When he began to complain was he nursed and looked after by his family?—Yes.

8092. How long after bathing did he manifest symptoms of leprosy?—Perhaps six months.

8093. What did you first notice?—I noticed a peculiarity about his eyes, they were drawn and very watery, and then his fingers got stiff; he could not work or do anything. Then I think his feet got bad and there was a general break-up; it was just as bad a case of leprosy as ever I have seen on Robben island.

8094. Did he die on Robben Island?—Yes.

8095. How long after the commencement of the disease?—About two years after.

8096. *Dr. Dodds.*] What doctor attended him?—I do not think he had any doctor, he used herbs, he was always taking herbs and things of that sort. I wonder they did not remove him to Robben Island, but he lived in an out of the way place, right at the mouth of the Berg River, isolated from everybody.

8097. Did any members of his family subsequently develope leprosy?—No.

8098. Are they still there?—Yes.

8099. Are you sure it was leprosy aud not some nervous affection?—I am quite certain it was leprosy.

8100. *Chairman.*] Did he lose any of his fingers before he died?—No, but he lost the use of his hands.

8101. Did he have ulcers on any part of his body?—Yes I think he had, but not very large ones. He could not do any work as his hands were completely stiff; he had all the symptoms of leprosy.

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8102. Had he any tubercles?—Yes, I think he had, but very small ones. There was also the case of a young man named * * * * * a farmer in the Malmesbury district. He came to my house on Saturday night and I could see there was something wrong with him. He developed leprosy by bathing in the sea at Bok Bay when he was very hot and he died from it six months afterwards.

8103. *Dr. Herman.*] Do you think that is the only way in which leprosy can be contracted?—Not the only way. I could never get a satisfactory account from either male or female patients as to how they got the disease; they generally said they caught a cold or got a chill.

8104. You said that the case of the old woman named Pieterson was the first case at Saldanah Bay, did not the people bathe before that?—I do not know, but my experience of fishermen is that as a general rule they seldom bathe.

8105. Do you think it would be a good thing to separate the coloured from the white lepers on the island?—Yes; and there ought to be at least three asylums in the Colony besides Robben Island; they had a lazaretto at Caledon two years ago when I was there. There were about nine lepers there.

8106. Where was it situated?—Outside the village, a quarter of a mile away.

8107. Under whose control was it?—Under Government control. The patients were isolated and a doctor attended them regularly.

8108. *Dr. Dodds.*] Have you visited it?—Yes. I have been there and seen the lepers.

8109. Are you sure that it was leprosy they suffered from?—Yes, there was no doubt about it; but I think they have all been removed to Robben Island.

8110. How long had it been in existence?—I think two or three years it was an iron building. Dr. Gerard a French doctor, who had been a great deal in South Africa, held the opinion that leprosy was nothing more than syphilis in a tertiary form.

Cape Town, Monday, March 19th, 1894.

PRESENT:

DR. MURRAY (*Chairman*),

Dr. Fismer,	Dr. Dodds,
Dr. Hoffman,	Dr. Herman.

Mr. T. E. Fuller, M.L.A., examined.

Mr. T. E. Fuller, M.L.A. — March 19th, 1894.

8111. *Chairman.*] Have you visited Robben Island lately?—The last time I visited the island was I think at the opening of the leper buildings some time ago, about 1892, when the picture of the Queen was presented.

8112. Had you visited it many times before?—Yes.

8113. Do you take an interest in the matter?—Yes.

8114. Did you notice a marked improvement in the administration of the island?—Yes; a very great improvement as compared with what it was formerly. I knew the island thirty years ago, when there were only miserable hovels, and very little attempt at isolation.

8115. Have you formed any impression as to the conditions of life on the island as regards climate and soil?—Not in regard to their bearing on the lepers.

8116. Do you think the climate acts prejudicially or otherwise?—I

have no particular opinion on the subject; I should say that the climate was rather enervating, not so much as some places, but if you want a bracing atmosphere you would not get it there.

8117. Were there many lepers there when you first visited the island? —I should think there were 30 or 40.

8118. Are you aware of the conditions of segregation as now carried out?—Yes; I know the patients are taken over to the island and placed by themselves, but I should think there is no complete isolation at all from what I can gather; perhaps it is sufficient for the purpose.

8119. You are aware that visitors from the mainland have free access to the island?—Yes. At the time I visited the island the lepers and everybody else were together in an assembly room with closed windows and doors; I believe that has always been the case at concerts and so on. I have seen the lepers play musical instruments and so on, but I do not know that it is objectionable.

8120. Have you ever been over on visiting days?—I have not been there since the new régime has been inaugurated, except on the occasion I have mentioned, but I know how the visitors mix up with the lepers.

8121. Do you know the Leprosy Repression Act as it exists?—Yes.

8122. Do you think that segregation is practically carried out on Robben Island as contemplated by the Act?—I should not think so under the system carried out at present.

8123. Is it more isolation than segregation?—Yes.

8124. Are you in favour of segregation?—I am not altogether. My own opinion, as a layman, is that where there is a running sore there should be segregation.

8125. Do you think in cases of the worst stages of the disease patients and their friends would be agreeable to segregation?—I do not think they would be willing, but more so than under the present wholesale system.

8126. As regards certification of lepers under the Act as at present carried out, do you think there ought to be any other safeguard?—I think that every case of leprosy should be under inspection by the district surgeon, and he should be paid specially for the work, particularly where he has a lot to do. When, in his opinion, the type of leprosy is such as to lead to possible contagion, as for instance where there were running sores, there should be segregation, either locally or at some general institution. That is the view I have formed, but I keep an entirely open mind about it, and my view is formed more from reading than from any personal observation. At East London there was a little colony of lepers and Dr. Paley kept them under pretty close observation.

8127. As the Act stands at present, lepers are transmitted to Robben Island direct; would you be in favour of modifying the Act and having them first sent to a receiving house on the mainland?—I should not bring every patient to a receiving house to judge whether he was a leper; they might have to come from very long distances, but it might be a wise thing in regard to local cases.

8128. Would it not be a safeguard against errors in diagnosis; errors have been made, and it is in evidence that persons have been sent to Robben Island who have afterwards been discharged as non-lepers?—My own view, which I have expressed in Parliament, is that there should be an expert appointed by the Government to make a study of leprosy, especially in this country, and he should see the cases before they are sent over to Robben Island. I do not think any enquiry would be worth a very great deal without you keep under inspection continuously all the cases, and receive reports from every part of the country.

8129. Do you think that duty might be more effectually discharged by one man than by a Board?—Whether there is a Board or not I think that an expert should be obtained. We have a golden chance now to study

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the disease continuously, and make full notes of every case, and get the history of every case, and different parts of the country could be corresponded with. Such work is more than can possibly be expected of the surgeon-superintendent on the island or his assistant. I think that a man who has given the disease special study should be appointed by the Government.

8130. We have it in evidence that at a certain time in the history of Robben Island, when there were comparatively few lepers, there were two medical men, yet now when there are some 1,200 or 1,300 inhabitants on the island there is only the same staff; do you think the staff should be increased?—Yes, an expert in the disease should be appointed; a man who has made it a special study.

8131. Do you think they are undermanned on the island?—Yes. I think it is absurd that there should be no proper treatment of the lepers from a scientific point of view.

8132. Do you think the island a suitable place for a leper establishment looking at the difficulty of access and other circumstances?—No; I do not think it is a place I should choose except for its isolation by the sea. I have always strongly opposed Robben Island being used for a lunatic asylum, and it was owing to my exertions that the Valkenberg Institution was established. Of course, as I say, there is the advantage of isolation, but there are many disadvantages on the other hand. There is no proper landing place, and the means of communication leaves much to be desired.

8133. Is it not also prejudicial to the staff, looking at the conditions under which they live; are there not constantly grievances of some kind or other?—Yes; and commissions of enquiry go over and find out nothing.

8134. You are aware of that?—Yes.

8135. It is an understood thing that there has been great friction on the island at times, is it not?—Yes, occasionally.

8136. Would the prolonged residence of the staff on the island rather tend to that condition of things?—I think the isolation and lack of social intercourse has a certain deteriorating influence.

8137. Added to which the segregation is defective, is it not, owing to so many visitors going over?—Just so. I do not think that ordinary intercourse should be forbidden, seeing how difficult it is to establish actual contagion, but it should certainly be under restrictions. I would not say isolate the patients in the same way that you would persons suffering from small-pox.

8138. With regard to the isolation of lepers on the mainland, we have it in evidence that there are patients who have means and a certain amount of culture, do you think it would be possible to have that class isolated at their own homes?—Certainly where it is practicable and where the doctor is satisfied that there can be proper treatment of the disease.

8139. You think that such patients might be dealt with on the mainland?—Yes; they might be dealt with in the several districts instead of being centralized.

8140. In the case of paupers, how would you deal with them?—That is a difficulty, but I think in some of the remote districts some provision might be made in the way of a hospital, which would be less expensive than the present system. Of course such an opinion is merely tentative, and not final, and in any case proper organisation would be necessary.

8141. With regard to lepers coming from the neighbouring States into the Colony, do you think that advisable?—I do not think so, but I am not prepared to say that they should be refused. I do not see why each State should not take care of its own lepers.

8142. *Dr. Herman.*] Are you quite clear as to the necessity for employing stringent methods to deal with the occurrence of leprosy?—I certainly think it should be a matter for legislation and that it should be dealt with in an organised way, even if you do not segregate.

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8143. Upon ethical grounds do you not consider there are objections to a Compulsory Segregation Act?—I do. There should be no compulsory segregation of an extreme kind unless there is very great physical or pathological necessity.

8144. You mean unless there is grave danger of the disease spreading?—Just so, danger of contagion; of course the copulation of lepers cannot be avoided.

8145. Granted that the disease is on the increase or even stationary, would you have any objection from an ethical standpoint to adopt compulsory measures in case contagion was proved?—No; I think it would be for the public good, but I think it should be modified as far as possible.

8146. John Stuart Mill objects to sanitary supervision, does he not, on the ground that it is an interference with personal rights?—I do not hold that. I have no theory of Government at all which would exclude legislative action in such cases.

8147. From an economical standpoint do you think the Government is justified in undertaking a large expenditure in dealing with a subject of this sort?—A considerable expenditure certainly. I have seen no figures except those in the Parliamentary returns of the present expenditure, and I do not suppose you have all the lepers there are about segregated.

8148. From a political standpoint is it a measure that ought to be strengthened and made more complete?—Yes; in the way I have indicated. I should be very sorry to feel that I was in any way bound; it is a difficult subject and one that you must keep an open mind about, particularly anyone who has to do with legislation.

8149. *Dr. Dodds.*] Have you formed any opinion as to the number of local hospitals that would be required and their situation?—No; I have not sufficient statistics before me as to the districts in which the disease is prevalent, but it seems to me that the danger is so remote that you might arrange locally for patients; you might want a general hospital as well.

8150. *Dr. Herman.*] You think some such arrangement on the mainland would temper the hardship?—Yes; patients would be more within reach of their friends.

8151. *Dr. Dodds.*] Do you think the present stringent Act leads to the concealment of cases?—I daresay it does.

8152. Do you know of any such cases?—No. I cannot say that I know positively of any. The friends of lepers have come and complained bitterly to me of the present hardship.

8153. *Dr. Herman.*] Would patients from a distance feel the hardship more than local cases?—I think so, especially those who have been accustomed to live on farms. In some cases decent farmers are lepers.

8154. *Dr. Dodds.*] Supposing it were proved that leprosy was contagious in ten per cent. of the cases do you think the Legislature could have any objection to continuing segregation in a reasonable form?—No: not in the worst cases.

8155. *Dr. Herman.*] Do you know of any cases of leprosy at Mowbray?—No.

Mr. D. C. de Waal, M.L.A., examined.

Mr. D. C. de Waal, M.L.A.

8157. *Chairman.*] Are you acquainted with the present Segregation Act?—Yes, more or less.

8158. With reference to the certification of lepers under the Act, could you suggest any modification with a view to safeguarding the liberty of the subject?—I think that the present system is far too stringent in many cases. Very often, simply because certain individuals get alarmed, great hardship has been done in cases that I know of.

8159. Do you think that two medical men ought to certify to a case of leprosy instead of only one, as at present?—Yes.

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8160. Do you attach much importance to the certificate of the field cornet?—No, none at all. A field cornet would not be able to tell the difference between syphilis and leprosy, in my opinion.

8161. In the event of a patient being transmitted to Robben Island, would you be in favour of a further scrutiny being made?—Perhaps it might be advisable where young doctors did not know much about the disease that the patient should be examined in Cape Town again.

8162. Would you be in favour of having a receiving ward somewhere in which a patient could be subjected to further examination?—Yes; I should certainly be in favour of that as matters now stand, but I do not approve of Robben Island at all. I am in favour of segregation on the mainland.

8163. Would you have patients re-examined at the receiving house?—Yes.

8164. Would you be in favour of an Examining Board, or would you leave it to one man?—I think there should be a Board of at least three doctors to examine, and where they all agreed that it was a bad case the patient should be sent to the island at once, but where it was a mild case I would wait a little and watch the case.

8165. Are you in favour of segregation for lepers?—In bad cases I am, but not on Robben Island.

8166. How would you propose to segregate them?—I would get a place like Tokai or Valkenberg; it might be necessary to have it enclosed, but my opinion is that if the lepers were told that the moment they broke the rules and tried to escape they would be sent to the island, it would act as a deterrent. If they were on the mainland their families would have a chance of coming to visit them. As it is now there are many complaints. I had a letter last week from a man.

8167. I gather that you would be in favour of retaining Robben Island as an extreme place for the worst cases and where patients had abused the privilege given them of remaining on the mainland?—Yes.

8168. Would you be in favour of letting the better class patients be isolated on their own farms?—Yes, under certain conditions I would, as at Hermanuspietersfontein, where they would have a chance to occupy themselves in farming pursuits. On the island it is fearfully monotonous for the patients; they have absolutely nothing to do.

8169. How would you effectually carry out isolation on a farm; would you have rules and regulations?—Yes.

8170. And the supervision of the local authorities?—Yes; they should visit and inspect and if they found that the rules had been transgressed, the offender should be sent over to Robben Island as a punishment.

8171. How would you provide for the isolation from the rest of the family on a farm?—Careful watching would be necessary.

8172. Would you insist upon that as an important thing?—Yes.

8173. Do you think it would be difficult to deal with persons on their own farms?—I think it would be difficult to isolate them from their own wives and children; that is why I advocate an asylum on the mainland where they could be placed.

8174. Would you be more in favour of establishing a leper district as it were, where they would have a certain amount of freedom and still be under supervision?—Yes; the families would not object to that. I know a family at Stellenbosch; they object to the idea of a relative being segregated on the island, but they would not mind if he was isolated on the mainland where they could see him frequently if they liked.

8175. Would you be in favour of isolation being carried out at fixed centres in the Colony at various asylums or hospitals; do you think it would be expensive?—It would be expensive. I would only have two, one for the west and one for the east; I think that would be quite enough. I have known cases where the friends of patients have come from the interior, but

as soon as they came to the sea they would not cross over and they went back perhaps 600 or 800 miles; many of them dread the sea and would not go over to the island for any money.

8176. *Dr. Hoffman.*] Do you think it would be advisable for each district to isolate its own lepers?—That would be very expensive; it would be a moral impossibility to watch them all, and they might come in contact with other people.

8177. You would keep Robben Island as a last resource?—I think so. I think if the better class patients were segregated on their own farms, they would be afraid to come in contact with their families.

8178. Do you think healthy persons would be sufficiently safeguarded if you allowed isolation on farms on the mainland?—I think so, because they very much dread the disease.

8179. *Chairman.*] Do you think it an argument in favour of segregation on the mainland that people are becoming impressed with the serious nature of the disease?—Yes.

8180. *Dr. Herman.*] Would you be surprised to learn that in the case of some of the highest class patients here suffering from leprosy such has not been the case, in at least two instances?—Yes.

8181. Do you think it would be possible for districts or municipalities to take charge of their own lepers?—The poorer districts could not perhaps do it.

8182. Do you think districts like the Paarl, Stellenbosch, or Malmesbury would prefer to isolate their own lepers?—No; I do not favour that. I am in favour of Government supervision; it would not be sufficient safeguard to leave it to local bodies.

8183. You think the disease is of such great importance that it ought to be dealt with as a national question?—I think so, provided the doctors were agreed, but they do not agree on the subject. If it is agreed that the disease is not contagious I do not see the use of going to any expense, leave it alone; but if you agree that it is contagious I would say have one good asylum in the Western Province and one in the Eastern, near to the sea. If the matter is left to local bodies, in which family influence and cliques often predominate, cases might often not be reported at all. Such a case has happened at Stellenbosch.

8184. Has that case been investigated by the Government?—Yes, but strong pressure was brought to bear upon the Government by the relations.

8185. Do you think if there is a danger of local bodies not being sufficiently independent to carry out the Act, the Government is sufficiently independent to do so?—In some districts the authorities are very active, and on the slightest report they are all up in arms and get alarmed. I know one district where they wanted to remove any one with a few spots on his face. Dr. Impey himself has said that there are some patients who might safely be allowed to leave the island; perhaps they only had their fingers crooked. There was one woman on the island who had five children, and she was better than the day she got married; not one of the children was diseased, but the neighbours got frightened and so she was packed off.

8186. *Chairman.*] Did Dr. Impey lead you to suppose that it was not a case of leprosy?—His opinion was that she was absolutely cured.

8187. Who had effected a cure?—Nature, I suppose. My own opinion is that if the Government would be more careful in removing persons who are rotten with syphilis it would be a thousand times better for the country. In cases of leprosy where there are no sores, I cannot think it is contagious. I had two old coloured men working for me on the farm, and their fingers were crooked, but they worked there till the day of their death.

8188. *Dr. Herman.*] Were they lepers?—Just as much so as a good many on the island; their fingers were crooked, but the whole body was sound; they were Mozambiques.

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8189. Can you say that they were lepers?—No; but they were of the same stamp as many you see on Robben Island.

8190. *Chairman.*] As a legislator would you be prepared to modify the Act on receiving scientific proof of certain conditions?—Yes; if the doctors agree that it is not contagious, I think it is cruel to remove patients and segregate them on Robben Island away from their families.

8191. I understand that you would only be governed by a scientific report as to the contagiousness or otherwise of the disease?—At present I am not convinced that it is contagious.

8192. *Dr. Hoffman.*] With regard to the woman you referred to just now, did Dr. Impey say that she was not a leper?—He said that she had the disease in a light form, but it was cured, or something of that sort, and not contagious.

8193. *Dr. Herman.*] Would it surprise you to hear that Dr. Impey's opinion with regard to self-cured and arrested cases is an individual opinion and not an accepted fact, and that it is based on an experience of watching the cases only four years?—That may be so; but there is nothing to prove yet that the disease is contagious.

8194. *Dr. Hoffman.*] Do you know what is the exact cost of keeping each leper on the island?—I cannot say.

8195. Do you think the cost to the Government would be materially increased if the patients were treated on the £ for £ system, and each district was made to isolate its own lepers?—My opinion is that it would decrease the expenditure.

8196. Do you think there would be sufficient safeguard in the way of proper isolation?—The experiment might be tried.

8197. What is your opinion with regard to lepers coming from neighbouring States; do you think it is better for them to take care of their own lepers?—Yes; I certainly think so. I do not think that Robben Island is the place for them.

8198. *Dr. Herman.*] Are you aware whether the Free State lepers are very dissatisfied and complaining?—I do not know. I only know that the day I was on the island the one cry was to be removed.

8199. *Chairman.*] Have you visited Robben Island from time to time?—Yes.

8200. Have you gone there as an ordinary visitor or officially?—As an ordinary visitor.

8201. How recently have you visited the island?—I have gone over once or twice a year, the last time was in June I think.

8202. You are aware that a number of visitors go over to the island?—Yes.

8203. Did they seem afraid of their relatives or did they kiss each other and share their food?—I did not see that.

8204. Did you see them talking together in the wards?—Yes, and shaking hands.

8205. Therefore the segregation is more apparent than real, is it not; although the leper patients live on the island they have communication with people from the mainland?—Yes.

8206. We have it in evidence that improper characters visit the island and that it is difficult for the officials to discover them; have you ever observed anything of the kind?—I was not aware of that; I always thought that a very strict watch was kept.

8207. When you visited the island did you consider that segregation was effectively carried out?—I thought so.

8208. And the separation between the males and the females?—Yes.

8209. Why are you not in favour of Robben Island as a place for segregating lepers?—For several reasons. I know a little lad there about twelve years old from Salt River; his parents cannot stand the sea, and

never go there, and he cries to see his parents. If he was on the mainland his friends could have access to him every day.

8210. Is it not a still greater hardship for the friends of patients living a long distance off?—Yes, my opinion about the island is that it is a miserable desert place.

8211. Have people ever complained to you?—Yes, most bitterly; they are tired of the everlasting white sand and the monotony. There is nothing for the patients to do, and even the rabbits on the island have been preserved for Mr. Ohlssen. There is also a terrible stench from the seaweed, and in winter it is dreadfully cold.

8212. Do the patients complain of the cold?—Yes, bitterly, and also about rheumatism, a thing which some of the patients never had before they say.

8213. Do you think anything might be done to improve the island?—No.

8214. Could not trees be planted?—I do not think they would thrive there. My opinion is that the island is only suitable for lepers in a very bad state and lunatics.

8215. Do you think it is a good thing for the officials themselves to live year after year under the same conditions of isolation?—I do not think so. I would afford them a chance every now and then of getting to the mainland.

8216. Is there not sometimes friction between the different officials, owing greatly to the conditions of life on the island?—Yes, it is rather hard for men to live there year after year.

8217. Would you be in favour of incurring further expenditure on the island or removing the institution to the mainland?—Certainly removing it to the mainland.

8218. Would you be against any further expenditure on the island?—Yes, for the reasons I have stated. I would not spend sixpence more on the island if I had my way, but I would select some locality near Cape Town for the leper asylum. If that were done ladies would often visit them, and take them fruit and other things, and the patients would not lead the miserable life that they do now.

8219. From your own knowledge, would it be better for the staff to come in contact with the general public a little more?—Yes, it would do them no harm.

8220. Would you still retain Robben Island as a place where those who broke the rules of segregation on the mainland should be sent?—Yes, and for very bad cases.

8221. In process of years as the disease died out, Robben Island would be closed?—Yes; it is a place for lunatics.

8222. *Dr. Hoffman.*] You spoke of a child on the island who wished to see its parents, but the latter were afraid of the sea; is that the actual reason they have not seen the child, or is it that they wanted to get the child out of the way?—I was told that the parents really wanted to see the child, but they were afraid of the sea.

8223. Do you think that lepers complain more than other people as a rule?—It may be; their case is a hard one, and I believe that they have real grievances.

8224. With regard to the majority of them, do not you think they are better housed and treated than they would be in their own homes?—I think so, many of them. I think the treatment on the island is fairly good, and I was agreeably surprised when I went there. The only thing is I thought it rather hard to put into the same room those patients who were very bad and full of sores and those who had not much the matter with them.

8225. *Chairman.*] Do you think they ought to be better classified if possible?—Yes, as regards the stage of the disease. With regard to the proposal to let the different districts segregate their lepers on the £ for £ principle, it might be ventilated in Parliament and in the press, and we should

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soon ascertain the feeling of the country. If it is favourable it might be tried.

8226. *Dr. Hoffman.*] Would not there be greater risk in isolating a patient on his own farm than segregating him in the district under special supervision?—I do not say I am in favour of isolating patients on their own farms. If there was an asylum on the mainland I do not think farmers and others would object to go there. What I say is that as matters stand now it is a hardship to remove persons from their farms and put them on a desert island. It is enough to kill anyone, even if he has nothing the matter with him. If I was put there and had nothing to do I would be dead within eighteen months.

8227. I understand that personally you would not be in favour of spending another sixpence on Robben Island as a resort for lepers?—No, not under the present system. I would prefer removing the lepers to the mainland and giving them some comfortable place where they could find occupation.

8228. Do you think it is a hardship for them to have nothing to do?—Yes, certainly; they only sit about all day; they may not even shoot the rabbits.

8229. Do you think the rabbits make it impossible to grow anything?—Yes.

8230. Years ago Robben Island was used as a large dairy farm, was it not, and an ox came from there for slaughter purposes weighing 1,400 or 1,500 lbs., whereas now it is a barren waste; is that on account of the rabbits?—Yes, certainly.

8231. Would you not recommend that they should be exterminated or at all events not preserved, so as to make the island a more agreeable place by tree planting and so on?—I think it is a great shame to enclose a large portion of the island just for the benefit of Mr. Ohlssen and his friends.

8232. *Dr. Dodds.*] Do you think that many cases of leprosy are concealed owing to the present stringency of the Act?—I think so.

8233. Do you know of any cases?—I have heard of cases.

8234. If the Act was modified do you think there would be less concealment?—I think so, certainly. The very word "Robben Island" is enough.

8235. *Dr. Herman.*] Supposing it was necessary to remove you to Robben Island as a leper, what would be your own feeling?—I would dread it. I should be cut off from all friends and relations, whereas on the mainland I should be able to see them frequently. Then you are among the lunatics, and a low class of people many of them, with nothing to do, and the everlasting noise of the sea. I think it is enough to make a person ten times worse than he really is.

8236. Do you think it is a great hardship for white people with a certain amount of culture to be placed on the island?—Yes.

8237. Would you recommend having private leper asylums where patients could have, for the payment of a reasonable sum, all the comforts and conveniences of a good home, and at the same time be under proper supervision?—Yes; that would be a good thing.

8238. Would you be in favour of introducing some clause into the Act to permit that?—Yes.

8239. And would you be in favour of the Government aiding such an institution?—Certainly.

8240. Why do you think Robben Island has been kept on as a leper establishment?—Because the matter has not been taken up as it ought to be; it costs money to make a change, and so the expenditure on the island has gradually gone on increasing.

8241. *Dr. Dodds.*] Have the Government gone so far that they find it difficult to stop?—Yes; there are the buildings and the whole staff and establishment, and nobody seems inclined to move in the matter, but my own opinion is that the institution ought to be removed to the mainland—as it is, there is no scientific segregation.

Dr. Henry Clarke examined.

8242. *Chairman.*] Are you district surgeon at Simon's Town?—Yes.

8243. Have you seen many cases of leprosy?—Not many. When I came out here some years ago I saw some cases at Clanwilliam where I was district surgeon. Most of the cases were coloured people in the location.

8244. Were they Kafirs or mixed race?—They were mixed Hottentots, and they were in a location near the Oliphant's River and it worked rather well.

8245. Were they under your supervision?—They were supposed to be. I never received any instructions to look after them. They were in pondocks built by themselves at the side of the river, and they came in every week and received their rations at the gaol.

8246. Did they live among themselves?—Yes, quite by themselves.

8247. How was the system originally instituted?—I cannot say. I found it there. That was in 1877 or 1878.

8248. Were there many lepers there?—I think about twenty.

8249. Were they of both sexes?—Yes.

8250. Did you make any records at the time?—Yes, I was very enthusiastic about it, but unfortunately I have lost the records. I traced many of the cases.

8251. Have you reason to suppose that there are some lepers living there now?—I cannot say I have.

8252. Did you form any opinion as to how they came to isolate themselves there; had there been any pressure brought to bear on them by the Government?—I think that some arrangement was made by the magistrate.

8253. Did they remain within certain limits?—Yes.

8254. Was there any difficulty in managing them?—No.

8255. Were they at all intelligent people?—No. There were other cases of leprosy in the district.

8256. What form of leprosy?—Tubercular and mixed cases.

8257. Where else did you meet with cases of leprosy?—I went to Calvinia afterwards and there I met very few cases.

8258. Were you district surgeon there?—Yes.

8259. How many cases did you see there?—I do not think I saw more than two.

8260. Were they of the mixed type?—I cannot remember.

8261. Were they isolated?—They lived at large among their own people.

8262. After Calvinia where did you go?—To George.

8263. Did you see any cases there?—Very few cases. I think I only saw two all the time I was there.

8264. Were they white or coloured?—One was a white girl. There were more cases probably in the district, but there was no such thing as notification then, so the district surgeon would not meet all the cases in his district.

8265. Where did you go to next?—To Simon's Town.

8266. Have you seen many cases there?—Yes, thirteen cases; ten coloured and three white.

8267. What form of the disease?—Different forms. Unfortunately I have not notes of them.

8268. Have those cases all been sent to Robben Island?—Yes. I have just heard of another case; the magistrate has requested me to see it and I promised to ride out there to-morrow; it is in the direction of Cape Point on a farm and in a family in which three other cases were sent last year to the island. One thing has struck me with regard to the cases that I have seen, namely, that they all run in families.

8269. Would that apply to all the cases you have ever seen?—I would not say that.

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8270. Would it apply to all the cases in Simon's Town?—Yes. I am under the impression that I have traced heredity.

8271. Have you studied the disease from a clinical aspect?—No.

8272. From a pathological aspect?—No.

8273. Have you formed any opinion as to whether the disease is actually spreading in the Colony?—I believe it is at Simon's Town and Kalk Bay.

8274. How long have you been at Simon's Town?—Six years.

8275. Why do you think it is spreading?—I have heard of cases cropping up here and there. The last cases were three young children, who appeared to have contracted the disease, and were living on the same farm and in the same house where other cases had occurred.

8276. Where were those three children?—Over the Red Hill. I had some notes, but I left them behind.

8277. Do you think the disease is increasing or stationary or dying out in your district?—It is difficult to say.

8278. Do you recognize the presence of a bacillus in leprosy?—Yes.

8279. Have you formed any opinion as to how the disease is spread?—I believe there is an hereditary predisposition to contract the disease.

8280. Have you known any case where a child was absolutely leprous at the time of birth?—I have never seen such a case. The case I am going to see to-morrow (if it turns out to be leprosy) would be the fourth or fifth case in the same family.

8281. Could you make a tree of that family for the Commission?—Yes.

8282. Do you think there is hereditary predisposition in that family?—Yes.

8283. Could you state how the disease progressed from one individual to another?—I could not say now. I heard of a case at Kalk Bay some time ago and treated it, in the ——— family.

8284. Can you make out a family tree there?—No; I cannot do so at present; later on I might. If I went to Kalk Bay I might be able to gather some information that might be of value to the Commission. I do not believe the disease originates spontaneously at all; I know of no such instance.

8285. Have you any example of how the disease might spread by contagion?—There were two cases I saw over Red Hill some little time ago; they were two children who had contracted the disease, and they were afterwards sent to Robben Island. I am going there to-morrow and I can find out all the particulars and will send them.

8286. Do you not recollect any features of the cases now?—One was a boy and the other a girl. The boy was dirty in his habits and had an ulcer at the side of his nose and some sores on his feet. It struck me that the disease might have been inoculated in that instance.

8287. Do you know anything about the family history?—I asked the boy, and he said that the disease commenced at the right side of the nose and in the foot.

8288. Was that a case of tubercular leprosy?—Yes.

8289. Did the boy say how he thought he had contracted the disease?—No; but other cases happened on the same farm and in the same house previously.

8290. Did he say whether he had come in contact with other individuals who suffered from leprosy?—No; I do not think he stated that; his friends informed me that there had been other cases in the family.

8291. Did they cast any light upon how the boy had contracted it?—No.

8292. *Dr. Herman.*] What led you to think that these were cases of contagion?—Nothing beyond the fact that other cases had existed in the same family and the same house.

8293. Were the patients in close contact with the healthy members of the family?—Yes; the boy was living in the same family.

8294. Did you form any opinion as to the occurrence of the original case?—No. I cannot say how it originated. I may find out more to-morrow.

8295. Have you generally attempted to find out how the cases originated or have you just simply recorded the facts?—I have never kept a record book of cases that have happened at Simon's Town.

8296. Have you made any close enquiry as to the origin of isolated cases?—I have never been able to trace how the disease commenced. In most cases, with a child, you can trace it back to exposure to infection.

8297. Can you trace that in all your cases?—I am under that impression.

8298. Can you supply us with any data bearing upon that?—I think so.

8299. Have you met with isolated cases of leprosy on a farm where there never had been a case before?—I cannot remember any cases now. I could generally trace other cases in the same family.

8300. Have you found a single case anywhere?—Yes, at Kalk Bay.

8301. Have you been able to refer that back to contact with some other leper?—I think so: that is my impression at present.

8302. Do you think the endemic area has anything to do with it?—I do.

8303. In what way?—I think practically speaking leprosy has been endemic at Kalk Bay for years. Very many cases have happened there, and the number is altogether out of proportion to the population.

8304. Have you fomed any opinion as to the occurrence of leprosy apart from contact at all?—The only way I can explain it is by contagion.

8305. In other words, you do not believe in an endemic area?—I do not believe the bacillus of leprosy originates spontaneously.

8306. *Chairman.*] Do you consider the disease spreads by heredity and by contagion?—Yes; I believe there is an hereditary predisposition.

8307. Do you limit contagion to the direct contact of individuals or would you embrace such conditions as living in the same house, sleeping in the same bed, or eating from the same utensils?—The bacillus, I consider, might be conveyed in any of those ways through some intermediate favouring circumstance.

8308. Do you know of any one case at all that would strongly point to that among the patients you have observed?—The people have lived together in close contact with other cases.

8309. Have you got the statement of any one person who attributed the disease to contact in that way?—No.

8310. Recognising the disease to be contagious under certain conditions, would you be prepared to state what forms of the disease or what stages are most favourable to contagion?—I should say the ulceration stage.

8311. In the anæsthetic form is there much risk of contagion?—In the anæsthetic form you find ulcers as well.

8312. In the earlier stages, before that, is there much risk?—I think so.

8313. *Dr. Herman.*] Can you give us the ages of your cases, more or less?—Many of the cases I knew nothing at all about till I received a request from the magistrate to examine them for removal to Robben Island. I did not know that they existed in the place. I cannot give their ages.

8314. Can you tell us anything about the incubation period so far as you observed from any of your cases?—My experience has not been very large.

8315. When you visit a farm do you make any attempt to examine the healthy members of the family?—Yes, sometimes. I am always suspicious. It is very difficult for persons who have developed leprosy to fix the period of incubation.

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8316. *Chairman.*] Are you acquainted with the present segregation Act?—Yes.

8317. Are you in favour of segregation?—I cannot help thinking it is perfectly right, and generally I approve of it.

8318. Are you conversant with the working of the Act?—Yes.

8319. With reference to the certification of lepers, would you suggest any modification of the present form?—In addition to the medical certificate it is necessary for the magistrate to produce a certificate from the field cornet of the division where the patient lives that he is suffering from leprosy. About two years ago the magistrate asked me to examine an alleged leper. I saw him and found that he was just developing tubercular leprosy; he was related to a Malay priest at Simon's Town. I thought he ought to be sent away, but no notice was taken of the matter for some little time. Some four months ago the magistrate asked me to see the man again and I did so and found that he was very much worse; there were tubercles about the face, but no ulceration. I then certified unhesitatingly that his condition was dangerous. The magistrate then tried to get a certificate from the field cornet, who was assistant at a baker's shop at Simon's Town, where most of the Malays deal, but he refused to certify and referred the magistrate to the district surgeon. There was a lot of correspondence with the Government about it, and I think the magistrate then tried to get a certificate from a justice of the peace, but he did not succeed, but eventually he obtained a certificate from Mr. Budge, an independent man, but he knows nothing of leprosy and it seemed very absurd.

8320. What position did Mr. Budge occupy; was he a field cornet?—Either a field cornet or a justice of the peace.

8321. Was the man sent to Robben Island?—No. So much time was lost that he escaped and has not been heard of since. I mention that case in order to show the difficulty there is sometimes in getting a certificate.

8322. How would you modify the Act; would you do away with the field cornet's certificate?—Yes, I would. I do not think it is necessary if you have a medical man's certificate.

8323. Has the field cornet any knowledge of the disease?—No.

8324. Is he not always subject to local influence?—Yes; he may be himself related to the patient.

8325. How would you suggest to modify the Act?—I would do the same as in cases of lunacy; if one medical certificate is not considered enough, there might be two.

8326. Do you think there are many lepers at large now and concealed?—Not in my division.

8327. Have you any other suggestion to make with regard to the working of the Act; would you have a receiving house and a board of inspection for cases of leprosy?—I think cases should be under the supervision of the district surgeon pending their removal.

8328. In the case of patients coming from different parts of the Colony, do you think they should be transmitted to Robben Island direct or should they be subjected to further inspection in Cape Town so as to verify the diagnosis?—I do not see why there should not be a receiving house for patients, some place where they could stay.

8329. Would that be an additional safeguard to the liberty of the subject?—Yes; the patients might be examined by experts accustomed to the disease.

8330. And then eventually they would be sent on to Robben Island or elsewhere, wherever the asylum was?—Yes.

8331. Do you think that under any conditions lepers may be allowed to remain at large?—If it is recognised that leprosy is contagious, I do not think they ought to be.

8332. Would you say, if there was proof that five or seven per cent.

or even ten per cent. of the cases were contagious it would be sufficient to establish a working hypothesis?—Certainly.

8333. Under those circumstances would you be inclined to modify the degree of isolation according to the stage of the disease; if, for instance, a person had leprosy in the early stage, would you give him a further period of observation and isolation among his friends before finally segregating him, or would you segregate him at once?—That is a difficult question to answer; the thing is, whether a person in the early stage of the disease is capable of spreading it or not.

8334. You have not formed any opinion as to that?—No. It is difficult for the district surgeon when called upon to report on a case to say whether a person ought to be segregated or not at the commencement.

8335. Would you be able to investigate the whole history of the Malay man you referred to, so as to ascertain the probable origin of the disease?—Yes; he attributed it to small-pox.

8336. *Dr. Herman.*] Why is it difficult to report upon a case in the early stage?—It is not difficult to report, but to say whether a person is in a condition to require segregation or not.

8337. Are you of opinion that certain lepers should not be segregated?—It is a question as to whether a person is in a condition to spread the disease at the commencement or not.

8338. Do you think there is a certain stage when the disease is not contagious?—I have not made up my mind as to that; I cannot say; it is what I should like to know.

8339. Have you had any difficulty in inspecting cases on account of the patients refusing to see you; what authority have you to examine any person?—Simply the magistrate's letter. I have never been refused yet.

8340. Have you ever examined any person supposed to be a leper who made any complaint about the examination?—No.

8341. Have you examined any cases where the supposition was found to be a false one?—No. I have always found that the patient had leprosy.

8342. *Chairman.*] Have all the cases been now removed from your district, or have you reason to believe that any remain hidden?—No; not in my district.

8343. As regards the hygienic surroundings of the patients you saw, take the Kalk Bay group, what was the condition of life as regards the dwellings?—With the exception of ——— they were all fishermen as far as I remember, living in huts and crowded together, the usual run of fishermen's huts, with mud floors.

8344. As regards their diet, what did they live on mainly?—I do not know whether they lived exclusively on fish.

8345. Did they eat a good deal of salt fish?—I think they eat fresh fish.

8346. As regards other conditions of life, had they plenty of other food?—Yes; they were fairly well off, but they lived in an uncleanly condition.

8347. What race were they?—Mixed race; a few Malays.

8348. *Dr. Dodds.*] When the lepers were removed were the huts disinfected in any way?—I never received any instructions as to that.

8349. *Dr. Herman.*] Were the Manilla boys much affected?—I think most of the patients were ordinary Cape natives.

8350. *Chairman.*] At what stage of the disease would you be most inclined to segregate persons?—In any stage if there was ulceration and breach of surface. I am personally not against segregating cases from the beginning.

8351. Have you any knowledge of the disease being communicated through sexual intercourse?—No.

8352. Are you acquainted with Robben Island?—I have been there.

8353. Have you visited it recently?—Yes.

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8354. Have you formed any idea as to the suitability of the island for carrying out segregation?—It is a terrible place I think, so bleak and barren. At the same time time of course you secure better segregation there than on the mainland. It costs absolutely nothing to guard the patients on the island.

8355. *Dr. Herman.*] Have you any reason for thinking that?—The patients are isolated and cut off from all communication with the mainland.

8356. *Chairman.*] Is that your principal reason for holding that view?—Yes.

8357. What do you consider prejudicial on the island?—It is a bleak and barren place on which to confine persons for the remainder of their lives.

8358. Have you formed any conclusion as to whether the climate is prejudicial to health or in any way hastens the progress of the disease?—I do not think it is prejudicial. It is a sandy soil and there is plenty of fresh air, but if a person was not satisfied with the place and pined for more cheerful surroundings it might hasten the progress of the disease.

8359. Would you be in favour of segregation on the mainland?—Yes, if you could keep the patients from intercourse with the healthy: there would be more cheerful surroundings.

8360. Would you be more inclined to favour an establishment on the mainland instead of incurring more expense on Robben Island?—I should prefer the mainland; there are plenty of cheerful places where the leper patients might be segregated.

8361. Do you think they might be segregated quite as well on the mainland as on the island?—Yes, if you like to spend the money.

8362. You are aware that the steamboat service alone costs a large sum every year, and then there is a large outlay in the way of guards and so on, is there not?—Yes. As I have said already, I think that Robben Island is a terrible place, mainly on account of its bleakness and barrenness and the sensation of exile which the patients must have. Many of the patients, as far as I know, have probably been accustomed to agricultural pursuits and it must be very hard for them to be at such a place where there is no scenery and nothing whatever to interest them.

8363. Do you think the island could be improved at all by tree planting?—I am afraid not.

8364. Have the patients ever complained to you?—No.

8365. Would you be in favour of isolating the better class patients on their own farms, those who have a certain amount of culture and education?—I do not think that would answer. I do not think they would remain isolated, and there is no one to look after them.

8366. Would you be in favour of hospitals or asylums being built on the mainland?—Yes; I think there might be one in the west and one in the east, and if patients cannot afford to pay anything then they should be obliged to go to the island. I am not in favour of leaving patients on their farms.

8367. *Dr. Herman.*] Have you anything further to tell the Commission on the subject of leprosy?—No.

Cape Town, Thursday, March 22nd, 1894.

PRESENT:

DR. MURRAY *(Chairman)*,

Dr. Hoffman,	Dr. Fismer,
,, Dodds,	,, Herman.

Mr. L. P. Jones further examined.

8368. *Chairman.*] When were you appointed as magistrate on Robben Island?—In November, 1892.

8369. What were the terms of your appointment?—I was appointed assistant magistrate of Cape Town on Robben Island, and then there was another letter stating that I had also been appointed assistant lay superintendent on the island.

8370. Were your powers specified?—Not in writing.

8371. Was that matter left to your discretion?—More or less I think so.

8372. What authority do you possess on the island at present under the terms of your appointment; what is the scope of your work?—In December I was appointed superintendent of convicts; I have control and charge of the convicts. I do any magisterial work, and assist Dr. Impey. Mr. Gower is chief clerk and accountant, but I have a general supervision over the office.

8373. Have you power to initiate any special method of conducting the business on the island?—Not without reference to the chief medical superintendent.

8374. As magistrate are you subordinate to Dr. Impey?—Not as magistrate, but as assistant lay superintendent I am.

8375. Is there no fear of such a position clashing?—It might be so.

8376. Is there any special Act for Robben Island which you administer?—No; my jurisdiction is the same as that of any magistrate in the Colony.

8377. How are complaints brought to your notice in your magisterial capacity?—By the people themselves. If any of the lepers misbehave themselves I have a note from Dr. Impey.

8378. How do you investigate complaints; do you hold open court?—Yes. If offences are committed by any of the villagers or workmen I hear the cases in the court room, but in the case of offences by lepers I hold court in one of the wards. I give the superintendent of lepers notice that I am going to hold court and he gets one of the rooms ready for me. The lepers are duly summoned and witnesses are subpœned.

8379. Have you investigated many complaints made by the lepers during the time you have been on the island?—A good many.

8380. What is the nature of their complaints?—The chief one related to the meat disturbance the other day.

8381. How long ago was that?—On the 8th of February.

8382. What complaints did the lepers make?—They complained that the meat was bad.

8383. Did you investigate the case?—Yes.

8384. Against whom did they bring a charge?—They did not bring a charge against anyone; they merely said that the meat was bad and they would not eat it. I took the statements.

8385. *Dr. Hoffman.*] Did they complain to you in a body?—No. That was a case in which I would get a note from Dr. Impey saying that the lepers had complained about the meat issued and asking me to investigate the matter. I got a note somewhat in those terms.

8386. *Chairman.*] Did it transpire in the course of the enquiry that the meat was inspected by anyone before it reached the leper patients?—Not in the first instance except by the butcher.

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8387. Did it appear that it was the custom for all provisions to be inspected by any responsible officer?—No, it did not; that was not within the scope of my enquiry on that occasion.

8388. Did they complain about that?—They did not complain to me at all; it came to me through Dr. Impey by letter.

8389. *Dr. Herman.*] Did Dr. Impey instruct you to hold a court of enquiry?—Yes, he put it in that way. I held an enquiry, and the papers have been sent to the Colonial Secretary.

8390. Had you authority for instituting an enquiry in the case of a disturbance like that?—I think so.

8391. Then why did you not initiate the enquiry without waiting for the medical superintendent?—I was informed of what had taken place, but I did not consider it necessary to institute any proceedings.

8392. I gather that you have no authority yourself to institute an enquiry in the case of a disturbance such as that?—Unless with a view to criminal proceedings.

8393. In this instance three men were taken to prison, were they not?—Yes; they were arrested by order of Dr. Impey as medical superintendent or justice of the peace and released by him.

8394. *Ipso facto* you had no authority to initiate an enquiry into a matter such as that, notwithstanding that these men went to prison; are you conversant with what took place?—Yes, I know all the facts.

8395. Who has authority to commit any person to prison on the island?—I take it that primarily I have, but any justice of the peace has under certain circumstances.

8396. Were these men imprisoned before you were informed of the fact?—They were released before I was informed of the fact; one of them was never locked up at all.

8397. How many justices of the peace are there on the island?—Two besides myself, Dr. Impey and Mr. Gower.

8398. Would any justice of the peace be entitled to put these men in prison?—Yes, under certain circumstances.

8399. Without notifying the fact to you?—The fact should be notified to me certainly.

8400. In this case the men were released before the fact was notified, were they not?—They were.

8401. Is that regular?—No, it is not regular.

8402. Under whose control is the prison?—Mine.

8403. Why were you not made aware of the fact that the men had been placed in prison before they were allowed to go out?—The thing took place very hurriedly; they were not in prison more than five minutes, and I was only aware of the fact that they had been arrested when I knew they had been released, and I did not consider it necessary to proceed further

8404. Did you not proceed further against these men?—I did not.

8405. Then they did not commit any offence, did they?—That does not follow. Dealing with lepers is a very awkward thing; there is no provision in the Act for dealing with offences against the regulations. The only offence in this case would be resisting the police in the execution of their duty.

8406. Is it not highly advisable in dealing with lepers to proceed in the most regular manner to investigate complaints as well as offences?—It always has been done.

8407. Why was it not done in this instance?—I was satisfied with what Dr. Impey had done in the matter.

8408. Did you make any report?—Dr. Impey did.

8409. Did not you report?—No.

8410. Do you report to no one?—I send an ordinary report to the Law Department of any cases tried by me.

8411. Does not this case rather imply that there is not sufficient method for dealing with occurrences of the kind?—I do not know about method, but generally speaking there is not sufficient power to deal with the lepers; there is no penal clause in the Act.

8412. In this case you had power to act had you not?—Yes; they might have been proceeded against for resisting the police.

8413. Have you anything to recommend with a view to meet such cases; do you find you are hampered at all in the performance of your duties?—No.

8414. You have perfect freedom and sufficient scope?—Yes, as regards magisterial work.

8415. Can you hold an enquiry in any direction so long as it deals with your purely magisterial duties?—Yes. I do not communicate with Dr. Impey at all in such matters. If a man brings a charge against another for assault, I simply issue a summons in the ordinary way.

8416. Suppose a leper brought a charge against a constable for assaulting him and threatening him with fire arms, what authority would you have to hold an enquiry?—As magistrate, if a charge is brought against anyone I have full power to deal with it.

8417. Have such charges been made?—No. With reference to resisting the police, I say the men could have been charged with that, but in order to bring any offender under that clause, the police must have been properly performing their duty. The lepers are by regulation prohibited from passing a certain boundary, and the police are stationed there to prevent them doing so, but if a leper passes the boundary he is committing no crime, and the question would arise whether the police were performing their duty and the lepers were committing a crime in resisting them in that way.

8418. *Dr. Hoffman.*] Strictly speaking, if the lepers pass the boundary line you have no proper authority to deal with them, have you?—No. I have no power at all to deal with them.

8419. *Chairman.*] How would you propose to remedy that?—By having a penal clause in the Act providing a fine or imprisonment for the infringement of any regulation framed by the Governor under the Act. It would then be simple enough.

8420. Do you think that such a regulation would tend to the good working of the island?—I certainly think it necessary; it would strengthen our hands very much.

8421. *Dr. Hoffman.*] Are the lepers aware of the fact that you are not able to punish them if they pass over the boundary line?—I do not think they are.

8422. *Chairman.*] The leper guards are armed are they not?—Yes, they all carry arms when on duty.

8423. On what grounds are they armed; do you consider it necessary?—I certainly think it is better, though I do not anticipate any use for the arms. At the same time it must be remembered that there is a large body of men on the island who are dissatisfied and discontented, and the constables have to do lonely duty, and I think they should be armed; it is not fair to the men to leave them defenceless.

8424. *Dr. Hoffman.*] How many leper guards are there?—Ten.

8425. And how many lepers are there?—There are 330 odd men and slightly over 500 patients of both sexes.

8426. Do you think that ten revolvers are sufficient to overawe 500 patients; is the moral influence so great?—I think there would always be a certain moral influence. The duty of the leper guards is primarily at night; we have only one man on duty in the daytime.

8427. Under what circumstances would you shoot a man, or suppose a leper was shot, what circumstances do you think would justify it?—I think if a guard was assaulted seriously.

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8428. Would it be a sufficient assault to justify it if it was not dangerous to life?—No.

8429. After all, the necessity for arming the guards is very small, is it not?—The lepers might use sticks or stones.

8430. What is wished to be gained by arming the guards?—Primarily the protection of the constables themselves.

8431. *Dr. Dodds.*] The attendants at the lunatic asylum do not go about armed, do they?—There would be no combined action on the part of the lunatics.

8432. It does not need combined action to kill a man, does it? Has a revolver ever been drawn?—Only on the occasion of the disturbance about the meat.

8433. Was it right to draw a revolver on that occasion?—It is very difficult to say unless you were present yourself. I know I have seen the lepers in a very excited state, and it might have been necessary when these men were arrested to produce them. Only one or two were produced, I believe.

8434. Do not you think batons would have been quite sufficient, there being a sufficient population within easy reach?—It might be so.

8435. I suppose whether revolvers are used or not depends on the discretion of the individual in possession of them, does it not?—Yes, unless there is somebody responsible present.

8436. Would Dr. Impey as a justice of the peace give orders for the revolvers to be fired?—Yes, he might do so if it was necessary.

8437. *Dr. Herman.*] Do not you think it would be a terrible thing to imperil the whole working of the Act and the whole condition of the island if a leper were to be shot, even though there might be some reason for shooting him?—It would be a very serious thing indeed.

8438. Do you think it is a safe thing to allow revolvers to be carried in this sort of way by the guards on the island?—I do not apprehend that any unnecessary use would be made of them.

8439. Would you allow a policeman, who is not always a man endowed with very great discretion, tact, or evenness of temper, to produce his revolver whenever he chose?—I would not.

8440. Are you aware that in the case of riots, when the military are called out, they are not allowed to fire except under the greatest possible provocation, and then only after the Riot Act has been read and so on; what reason is there for making the difference that seems to exist on the island?—You must remember that the revolvers have only been produced on one occasion, and although there is no reason to apprehend that the lepers would rise, still it is desirable, I think, that the guards should be armed for the protection of themselves and others if necessary; the weapons would only be used if it was absolutely necessary.

8441. Is it not rather out of place in a hospital devoted to the care of sick people to have the patients surrounded with armed guards ready to demonstrate their revolvers on any occasion?—I suppose Robben Island asylum is not like an ordinary hospital for curing people, but a place for the segregation of people who are left there practically to die.

8442. We learn from Dr. Impey that there are about 100 patients who are cured, is not that so?—That is a matter I cannot enter into.

8443. *Dr. Hoffman.*] In addition to the lepers there is a large number of convicts; is it necessary to have revolvers for them?—Yes; the convict guards are always armed; the duties of convict guards and leper guards are interchangeable, and I take a man off one duty and put him on the other at my discretion.

8444. *Dr. Herman.*] Have you ever found the least tendency among the lepers to combine in any way to commit any illegal act at all?—No; you cannot say that trying to pass the boundary is an illegal act.

8445. Have you ever found them committing an assault upon any person at all, either a guard or attendant?—No. There was one case where a leper was charged with assaulting a male nurse, but I think it was done more in play; I fined him ten shillings.

8446. In the wards are they exceedingly law abiding and quiet, or is there anything requiring them to be overawed in any way?—No: they behave very well, I must say.

8447. *Dr. Dodds.*] Would it not be sufficient if the revolvers were kept available in the guard house, which is quite within reach, in which case there would have to be some deliberation before they were drawn and fired?—I certainly think that the men on duty at night should be armed.

8448. *Dr. Herman.*] For what reason would you arm them at night?—They have solitary duty to do.

8449. You say the lepers are very law abiding. Even suppose a leper commits an offence, is it not better that he should do so and be punished than run the risk of his being shot?—He would not be shot.

8450. But he might be; he would run a certain risk. Would you not shoot a patient if he tried to escape in a boat say?—Certainly not.

8451. If he broke into a house in the village would you shoot him?—Not unless he committed violence and there was danger to life; if he committed a murderous assault I would shoot him or any other man, and if I was armed I would be justified in doing so.

8452. *Dr. Dodds.*] Does it not irritate the leper patients to be treated just the same as convicts in the matter of armed guards?—I fancy it does.

8453. *Chairman.*] Do you think there is any danger of being suddenly overpowered by combined action on the part of the lepers?—It is difficult to say. The coloured people have not very great reasoning power, and they might become excited and combine to do mischief.

8454. *Dr. Hoffman.*] Do the constables walk about all day with their revolvers or only on certain occasions?—There is one guard on duty at the boundary always; he walks up and down and has a revolver slung at his side.

8455. *Dr. Herman.*] Do not the guards always carry their revolvers?—They do not carry them unless they are on duty.

8456. *Dr. Hoffman.*] As a rule there is only one guard on duty at the boundary, is there not?—Yes. The other day when there was a disturbance, when the guard on duty blew his whistle, the other men rushed up, and I think with one exception they did not have their revolvers; they were playing quoits at the time and just ran out.

8457. They do not make a practice of parading their revolvers before the leper patients, do they?—Certainly not; they do not show that they have them. Only on one occasion have they ever been drawn to my knowledge, but where you have a crowd of excited angry men, armed with sticks and gesticulating and screaming, serious consequences might be apprehended, and it is necessary to make a show of force under such circumstances.

8458. You mean that showing their revolvers might have a moral effect?—Yes. When the Commission came over to the island recently they saw that even the female leper patients were in a state of excitement. There were no revolvers drawn on that occasion although the constables were called out.

8459. *Dr. Herman.*] I gather that there is really not much need for revolvers, is there?—There is very little reason to believe that they will be wanted, but there is a possibility.

8460. Would it not be better to keep them in store?—I do not think the present system is a wrong one.

8461. *Chairman.*] Is there not always the risk of a constable using his revolver?—I think there is very little risk.

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8462. *Dr. Herman.*] Would it be a very difficult thing for some of the lepers to arm themselves with revolvers?—If any packages come for them they are generally searched.

8463. We heard that some meat was attempted to be smuggled away from the island, so could not firearms be smuggled from the mainland?—The meat referred to was sent down to the beach, but it was not allowed to be shipped. We had reason to believe that one of the men was sending away sheep's heads, and so on. I do not see how firearms could be smuggled on to the island.

8464. *Dr. Dodds.*] We have heard about a threat to burn down Dr. Impey's house; do you think there is any fear of anything of that kind taking place?—I had that in my mind when I said that there was a possibility of weapons being necessary. Certain threats were used as regards Dr. Impey's house, but they have not been traced home in any way. The lepers seem to have an idea that it is Dr. Impey, and Dr. Impey only, who is keeping them on the island. Perhaps they are to a certain extent losing that idea now.

8465. *Chairman.*] With reference to the investigation about the meat held by you, how soon was it held after the complaints were lodged?—I can not say from memory.

8466. Was it the same day or several days later?—It was not the same day certainly; the question did not arise till the afternoon. I should think probably it was the Saturday afterwards.

8467. Are the officials served out with the same class of meat as the patients?—Yes.

8468. Were there any complaints lodged at that time by the officials or other inhabitants?—No; nor from the convict department.

8469. How do you account for the fact that bad meat went to the lepers?—Some of it was bad undoubtedly; it was very hot weather, and in order to save the cooks trouble the larger bones were taken out, and where a knife comes in contact with the meat it is more liable to turn. Then again, the meat in question was put into bags for conveyance to the kitchen, and being confined in that way it would render it more liable to spoil.

8470. *Dr. Hoffman.*] Was there an actual smell about the meat or only a greenish hue which made you pronounce it bad?—The leper cooks and the superintendent of lepers said positively that the meat smelt badly. I examined it in the afternoon with Dr. Impey, and we saw it on the scales. It looked very green, and not at all nice certainly, but I did not detect any smell. The only way I can account for it is that it had been heavily peppered; very likely that would take away any smell.

8471. You say it was a hot day?—Yes.

8472. *Chairman.*] Do you think that bad meat was sent from the store in the first instance?—No. I can only account for it in the way I have already mentioned.

8473. Have you had any occasion to investigate any charges of drunkenness among the lepers on the island?—Yes, there was one case.

8474. Was it after a visiting day?—Yes: it occurred after a visiting day.

8475. Are the records in your office?—I think so.

8476. Have you had any occasion to investigate any charges of drunkenness on the part of the leper attendants?—No. I think not.

8477. Are there no records in your office of any charge being brought against any of the leper attendants for drunkenness?—No.

8478. Have any of the leper attendants ever come before you in your magisterial capacity for being drunk?—No.

8479. Has it ever come to your knowledge, apart from your magisterial capacity, but as lay superintendent, that there has been drunkenness on the part of the leper attendants?—I have heard that one or two have been the worse for liquor.

8480. Have you never observed it yourself ?—No.

8481. And it has not been brought to your notice officially ?—No. I have only heard it indirectly.

8482. With regard to complaints coming to you from the lepers, do they complain to you direct or do the complaints come through some of the officials connected with the wards ?—Sometimes one way and sometimes another. I go to the wards once or twice a week, and sometimes when I am there a patient meets me and says he has a complaint ; sometimes also the superintendent has written me a note saying that some one has a complaint to make, but there have been very few cases.

8483. Do you visit the leper wards about twice a week ?—Once or twice a week ; latterly once a week as I have been busy with other work for the last month or so : certainly not less than once a week.

8484. Since the date of your appointment have you never had occasion to investigate any charges of drunkenness against any of the leper attendants ?—No : I have had very few cases of drunkenness at all on the island.

8485. *Dr. Dodds.*] Considering the number of men on the island do you think there is very little drunkenness ?—Very little indeed.

8486. It has always been a great difficulty in the administration of the island has it not : do you think it has been surmounted ?—I think so. The rule is that the restaurant is only open from twelve to one in the day time and the workmen and attendants are allowed one bottle of beer a day each ; it is then open again in the evening from seven to nine. The keeper of the restaurant is also furnished with a list of married people and others who can obtain liquor by requisition.

8487. Does the present plan work very well ?—Yes.

8488. Do you think it would be a good thing if the village were separated from the hospital part of the island ?—I do not see how it could very well be done ; the two asylums are in the village.

8489. Have you no difficulty in the dual capacity of resident magistrate and assistant lay superintendent ?—No difficulty has arisen so far.

8490. I take it that you enquired into the meat disturbance as assistant lay superintendent and not as magistrate ?—Yes.

8491. *Dr. Herman.*] I take it that the complaint was made to the medical superintendent, who naturally felt implicated in a measure, and he asked you, as assistant lay superintendent, to conduct an enquiry ?—Yes ; he asks me to make enquiries.

8492. You made the enquiry more as a question of management than magisterially, did you not ?—Yes ; I did not make it magisterially.

8493. Some of the leper patients have written a letter thinking it was a magisterial enquiry, and complaining that as you were concerned in the management it was not impartial ; are you aware of that ?—No ; I must say that that view of the matter never struck me, but it might strike others.

8494. What kind of enquiry did you hold ; did you call witnesses ?—I took statements from those concerned.

8495. From any of the lepers ?—One or two of them.

8496. Did you report ?—I sent the papers to the medical superintendent, and he forwarded them to the Colonial Office.

8497. Can you make any suggestion with a view to securing more independence of action and giving more satisfaction to the leper patients ; say, for instance, the appointment of a constant official visitor not concerned in the management, to whom complaints might be made ?—The only way would be for the magistrate to act simply in that capacity and as superintendent of convicts, and have nothing to do with the administration on the island in any way ; then he would be perfectly free and above any suspicion of partiality.

8498. From your experience is that necessary ?—The present system has answered fairly well, but I think it might be better.

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8499. You say the lepers very seldom make any complaints; have you any ground for supposing that they are afraid to make complaints?—I do not think so.

8500. It has been stated that if the lepers make complaints they are afraid of being curtailed in their privileges; is there any ground for that?—No, not the slightest.

8501. If they are suspicious of someone in authority over them, is it not unlikely that they would make complaints?—That might be so.

8502. Would not that be an additional argument in favour of separating entirely the magisterial duties from the ordinary duties of the lay superintendent?—Yes.

8503. At present there is no proper system by which complaints are recorded or enquired into, is there?—They can complain to the superintendent of lepers, to either of the doctors, or myself.

8504. I understand that you make a visit to the wards once a week?—Yes; once or twice a week.

8505. Is it a regular official visit?—No

8506. Is it part of your duties to visit the leper wards once a week?—No; I do it of my own accord.

8507. Do you think such visits should form a part of your official duties?—No.

8508. Do not you think it would be well to have a complaint book kept for the complaints of individual lepers?—As a matter of fact I do generally have a note-book, in which I put down anything that strikes me.

8509. But would it not be well if an official complaint book was kept so that the authorities might inspect any grievance from time to time?—Yes, I think so.

8510. Is it not a fact that the lepers frequently write direct to the Colonial Office and make complaints?—I do not think so. I know that anonymous letters have been written.

8511. By the lepers?—I do not know.

8512. Are they allowed to post letters without any supervision?—The letters go through Mr. Fitch, but he does not read them; there is ample opportunity for sending letters.

8513. Do the authorities ever detain letters?—No. I never heard of it.

8514. Is there no control over the correspondence?—No. The letters are given to Mr. Fitch, the superintendent of lepers, and posted in the ordinary way.

8515. Has he any authority to detain letters?—No. Letters could be sent by friends every boat day, and there are official visitors coming over to the island from time to time to whom complaints can be made.

8516. *Chairman.*] What conditions govern the granting of leave to the staff and attendants?—Anyone can have leave once a month from one boat day to another, and I think they are entitled after one year's service, to twelve days leave in the year.

8517. How long would an attendant be away if he availed himself of his leave once a month?—From four o'clock on one boat day until eleven o'clock on the next day but one—he gets a clear day on the mainland.

8518. Do many of the attendants avail themselves of the privilege?—Yes, a great many, but it is an expensive thing to come over to the mainland.

8519. Do you think they are deterred by the expense?—Yes, certainly I think so.

8520. Is there a book kept showing the names of those who go on leave?—Yes

8521. Would you consider it advisable that the officials and staff should have more opportunities of visiting the mainland?—I think that once a month is sufficient for them if they could avail themselves of it; many cannot do so.

8522. What opportunities for leave have the higher officials got?—Those

in the service are entitled to six weeks leave in the year if they choose to take it; and once a month they can visit the mainland from one boat day to another.

8523. Do you think the prolonged residence on the island from year to year without much leave is desirable for the staff generally?—I should be sorry to stay on the island myself very long. I think it would be an improvement if there were greater facilities for leave, it might tend to lessen the friction which arises. There is a rule that no person with less than twelve months' service can have leave with full pay, but I think that in the case of Robben Island that might be relaxed, so that a person could get a short leave with full pay, even although he has not served a whole year.

8524. Do you consider that any more money ought to be spent on Robben Island in increasing the buildings and so on?—I would certainly not increase the number of people on the island, but the buildings will have to be increased in order to provide for those who are there. It is not advisable to increase the population, as the water supply is not very large. We store the rain water and manage to get along, but that is about all. If the population was increased there would be more difficulty with regard to the sanitary arrangements.

8525. If there was to be a large expenditure incurred, would you be more in favour of incurring it on to the mainland somewhere?—I should be rather in favour of removing the asylum to the mainland.

8526. From your present knowledge, do you think the lepers would be just as readily controlled on the mainland as they are on the island?—There would be more tempation as well as facilities for escaping on the mainland undoubtedly. I think they could be as easily controlled and they would be more satisfied on the mainland.

8527. Do you think it is possible to improve the condition of the island by tree planting?—The wind is very strong and I do not know whether there is enough water to irrigate to any extent; the trees would require water all the summer for the first two or three years.

8528. Do the rabbits interfere much with the vegetation?—They are said to do so, but I think the rabbits are decreasing.

8529. We have it in evidence that at one time there was a farm on the island, that an ox came from there weighing something like 2,000 lbs.; how do you account for the disappearance of vegetation?—I think the rabbits have destroyed it.

8530. *Dr. Hoffman.*] Are there any dogs quarantined on the island?—Yes.

8531. Where do they come from?—From Europe.

8532. How many dogs are there?—There have been over fifty. I am not certain what the number is now exactly.

8533. *Dr. Herman.*] Where is the quarantine station?—Between the male and female leper wards on the line of the tramway.

8534. Is there any particular advantage in having it inside the leper settlement?—The advantage is that it is on the line of the tramway and supplies can be easily sent, including water; that it is why it was placed there.

8535. Could not a more appropriate site have been selected for the quarantine?—That was selected as being the most convenient. It is a considerable distance from either the male or female leper wards; it is not sufficiently close for the patients to be annoyed by the noise, and it is not as if the dogs had any disease. The quarantine station is several hundred yards away from any of the wards.

8536. They are quarantined there in order to present disease, are they not?—Yes.

8537. Is it any advantage for the lepers to have the dogs there?—No, I do not think it is, except that they can look at them. I do not know

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why Robben Island was selected; there are quite enough patients there without the dogs.

8538. Who looks after the quarantine station?—It is under the Agricultural Department; there are two men in charge.

8539. Are they in contact with the lepers?—I do not think so.

8540. Are you in favour of adding outside establishments in that way inside the leper settlement?—No, certainly not; it is a pity that the dogs were ever sent there.

8541. *Dr. Dodds.*] Do the lepers feed the dogs at all?—No, I think not.

8542. *Dr Herman.*] Does the fact of the dogs being there add to the difficulty of managing the leper settlement at all?—It gives a certain amount of additional work in the office.

8543. You have no control over the men in charge of the station, have you?—No.

8544. Does it add at all to your responsibility in managing the establishment generally?—It gives extra work to the staff in the office, and supplies have to be drawn from the store.

8545. *Chairman.*] There is a number of lepers coming from the Free State to the island, and they are visited on behalf of the Government there by Dr. Kohler, who acts as commissioner; there are complaints from these lepers as to the drunkenness of ———; has that matter ever been brought to your notice?—I believe there was a charge brought against him, but I think it was made the subject of an official enquiry by the Colonial Office and settled there.

8546. Was that enquiry made on the island?—Yes.

8547. *Dr. Herman.*] Who made the charge?—I think it was the result of certain anonymous letters; it is some time ago now.

8548. *Dr. Hoffman.*] Was it before your time?—No, during my time.

8549. *Dr. Herman.*] Who held the enquiry?—I think the Colonial Secretary, Mr. Faure, was present himself.

8550. Is he authorized to hold enquiries into such matters?—He is the head of the department. I know there was some investigation into the charge, and the matter was settled.

8551. Have you any machinery on the island for dealing with such charges?—If such a charge was brought against any of the higher officials it would be reported to the Colonial Office. I could not deal with a charge against a civil servant unless he was drunk in the street or anything of that kind.

8552. *Chairman.*] Suppose you happened to be visiting the leper wards and saw an attendant drunk, would you not be empowered to deal with the case?—I should report it to the medical superintendent probably.

8553. *Dr. Herman.*] How does the dual control work so far as your office is concerned?—It works very satisfactorily.

8554. *Dr. Hoffman.*] Has there been no hitch up to the present time?—There may have been one or two disagreements, which is only natural.

8555. *Dr. Herman.*] Does it make the discipline on the island more difficult to control?—I do not think so.

8556. *Dr. Hoffman.*] Does the dual control bring about any soreness of feeling between the officials?—It is difficult to say; I do not think it has done so up to the present. The medical superintendent is virtually head of the island, and although I am not subordinate in one capacity I am in another.

8557. *Chairman.*] How many guards are on duty at night at the female leper compound?—Three, and two on duty at the male wards.

8558. *Dr. Herman.*] How many nights a week is a constable out of bed?—There are ten men, and I think they have three weeks' night duty and one week day duty. A man would be on duty from six to twelve one week and the next week from twelve to six.

8559. *Chairman.*] Are the guards at the female leper compound inspected

at night?—Very rarely. I have had under consideration the expediency of having a night chief constable appointed, but on the whole the men are decent fellows, and there is no reason to believe that they do not do their duty. They have been inspected once or twice, and the man who inspected, the head overseer, had suspicions.

8560. Has it been hitherto the custom to have night inspections of the guards at the female leper compound?—No; the male leper guards are inspected; they are close by, but the others are a long way off.

8561. Would it entail having an additional officer on the staff if you had night inspections?—Yes.

8562. Is that why it has not been done hitherto?—That is one of the reasons.

8563. Would you consider it advisable that it should be done as a matter of discipline?—As a matter of discipline it would be as well, but I hardly think it is necessary.

8564. Have any complaints reached you about the men not doing their duty at night?—No.

8565. *Dr. Herman.*] Have you any reason to suspect that the guards are absent from their posts at night?—No.

8566. Do you think the guards are sufficient to prevent a man getting into the female leper compound if he chose?—It might be better if there was an additional man, one at each corner, but even then on a dark night they might be evaded.

8567. Have you any reason to suppose that the male lepers visit the females at night?—No.

8568. Would it surprise you to be told that it has been stated in evidence by the superintendent of lepers there is no doubt that the men do visit there at night, although it cannot be proved; he says he has heard their conversation in Dutch?—It would surprise me.

8569. Are you satisfied with the amount of supervision and discipline in connection with the attendants, guards and nurses?—I think the supervision is enough; it might be as well perhaps to have the guards at the female leper compound visited at night more frequently.

8570. How do you select the constables for the lepers?—We do not take them on without testimonials. I think they are a very decent class of men.

8571. Are there any special temptations thrown in their way?—No.

8572. It has not been reported to you or anyone on the island officially that there is reason to believe the male lepers visit the females at night?—No.

8573. And you have had no reason to suppose that anything of the kind was going on?—It is just possible that Mr. Fitch may have said something to me in the course of conversation.

8574. How do you account for the fact that the leper men got into the female compound last year?—We only had one man on duty then at night.

8575. Suppose there were three men on duty, could not the male lepers get in if they waited for a dark night?—They could not get through the fence very quickly; it would take a certain amount of time.

8576. Do you think it is advisable to remove the female leper establishment altogether from such close proximity to the male lepers?—I think it would be a good thing.

8577. Do you think the presence of the males excites the females at all and makes them more difficult to manage?—I cannot say but very probably it is so.

8578. *Chairman.*] With regard to visitors on the island, we have it in evidence that the male lepers are allowed to walk about the island with their friends, have there been any doubtful characters visiting the island at any

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time?—It is very difficult to say. In one case where we had a suspicion we communicated with the police officials in Cape Town, and the result was that further passes were refused. Since then I have not heard of any cases.

8579. I suppose it is a difficult thing to find out, is it not?—Yes.

8580. Has there been smuggling to any extent?—No, not to any extent; there has been some undoubtedly.

8581. Have you observed any cases of drunkenness after visiting days?—I have not personally seen anything of the kind; I have heard of one or two cases.

8582. Have you ever been to the wards on visiting days?—Yes, once or twice.

8583. Do the lepers sometimes share their food with their friends?—I think it is possible; I have not observed it.

8584. Do any of the visitors ever remain over night on the island?—Occasionally, when they obtain leave to do so.

8585. Are they people of repute who are known, or can anyone remain over?—They are generally relations of the patients and Dr. Impey knows something about them.

8586. *Dr. Hoffman.*] Do you think that the object of segregation is completely attained on the island.—No, I do not.

8587. *Chairman.*] It does not follow because Robben Island is isolated by the sea that segregation is carried out scientifically, does it?—No, I think in very many cases patients might be as well segregated in their own homes, especially among the better class and among the others to a certain extent. I believe if Robben Island was made simply a voluntary hospital and those who wished were allowed to go back to their homes under certain strict regulations, the principle of the Act would be just as much carried out as it is now, without causing so much distress as we find to be the case at present.

8588. When visitors come over, do they kiss the patients, sit together, share the same food, and give little presents?—Yes, they do that.

8589. *Dr. Hoffman.*] From your own personal observation do you think that a great deal of distress is caused to the leper patients themselves through their segregation on Robben Island?—Undoubtedly. The one cry of the majority of them is that they want to go to their homes. I believe they would be quite willing to comply with any conditions or regulations which might be imposed on the mainland, and if segregation was voluntary a large number would remain, indeed, in the worst cases they would be obliged to do so.

Antonio Pereira further examined.

Antonio Pereira.

8590. *Chairman.*] Are you chief boatman on Robben Island?—Yes.

8591. How long have you been there?—Sixteen years.

8592. Do you receive the visitors when they come over?—Yes.

8593. After you have landed them do you see anything more of them?—No.

8594. Do the leper patients come down to meet their friends at the boat?—Only those who have a pass.

8595. How long has that been so?—I cannot say exactly; about a year.

8596. Have you any family?—Yes, eight children.

8597. Where are they taught?—They go to school on the island.

8598. What other children attend the school?—Everybody's children.

8599. Do any of the children who come in contact with the lepers attend the school?—The matron's children come to the school I think there are three there now.

8600. What matron do you allude to?—Mrs. Dill. I think she has three children attending the school.

8601. Do those children come in contact with the lepers?—I do not know exactly; they are all within the compound and I suppose they do.

8602. And they attend the school together with your children and others?—Yes.

8603. Do you consider that that involves any risk?—Yes; we do not like it.

8604. Do you and the other parents feel anxious about it?—Yes.

8605. Have other parents complained of it to you?—Yes; they think there is a risk.

8606. Do you yourself come in contact with the lepers at all?—I have to help them ashore when they land.

8607. Have you had a good deal to do recently in that way?—Yes.

8608. Do you lift them from the steamer into the boat?—Yes; many of them are helpless.

8609. Does your wife live with you?—Yes.

8610. Do you keep a shop on the island?—Yes; a general store.

8611. Have you ever had any difficulty with any of the attendants on the island as regards drunkenness?—Sometimes; mostly with the workmen.

8612. Have you had any trouble recently?—Not for the last month or two.

8613. On what occasions would the workmen be drunk?—After pay day.

8614. When are they paid?—At the end of the month, or as soon after as possible.

8615. Where do they get the liquor?—At the restaurant: they are allowed to drink as much as they like in the evening, every day except Sundays.

8616. Are the workmen allowed to go to the bar and buy what they want after work time?—Yes.

8617. Can anyone go to the bar?—Yes.

8618. *Dr Dodds.*] Can they only drink on the premises or can they take liquor away?—They can only drink on the premises from twelve to one in the daytime and seven to nine in the evening. They can only get a bottle of beer in the daytime, but in the evening they can drink as much as they like; there is no limit.

8619. Is there no rule limiting the supply to be served in the evening? No; if they get very drunk they are turned out.

8620. How do they get home if they are very drunk?—Sometimes on another man's back. I have seen that.

8621. *Dr. Hoffman.*] Does the rule apply to the attendants or only to the workmen?—The workmen and attendants. Lately the drinking has not been so bad as it was before.

8622. Are some of the male leper attendants much more given to drink than others?—There is not much difference.

8623. *Chairman.*] Have you seen different men drunk at various times?—Yes.

8624. *Dr. Hoffman.*] Can you mention the names of those you have seen drunk?—Not unless I am compelled to. I am not there to watch my fellow men; it might cause me trouble hereafter.

8625. Has the drunkenness been of very frequent occurrence?—Not frequently; mostly on pay days. It has been better latterly.

8626. *Dr. Dodds.*] What do you mean by latterly; how many months back?—Since the magistrate has been there; he keeps a check on it now, and there is a policeman on duty in the village.

8627. *Chairman.*] We already have certain names in evidence; have you ever seen —— drunk?—Yes; one day.

8628. And ——?—Yes. I am saying things which I ought not to, but I do so under protest.

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8629. *Dr. Dodds.*] Was it a considerable time ago?—Yes.

8630. How long ago?—I have not seen —— drunk for six months or more, I should say. He went over to the mainland on leave, and on his return he went to the restaurant and got drunk there. I saw him in my shop under the influence of liquor, but more than that I cannot say.

8631. For months you have seen nothing have you?—No.

8632. *Chairman.*]—In the case of ——, is that many months ago?—Yes, more than a year ago.

8633. Do boats ever visit the island at night?—Yes, sometimes through stress of weather fishing boats or pleasure boats come there.

8634. Where do they put in?—On the east side of the island at the landing place, or at the north-east side, Murray's Bay, further round, where there is a sandy beach.

8635. Are boats allowed to land at any time?—Through stress of weather they are.

8636. As a matter of fact do many boats land at the island?—Not many; only fishing boats mostly.

8637. Can fishing boats land at any time?—By having permission.

8638. Might they land at Murray's Bay and go away before you were aware of it?—Certainly, especially in the night. Last time when I was examined I said it was impossible for lepers to leave the island, but I overlooked the fact that at night there would be no one to stop them; they could get away if they wanted to, possibly by arrangement with their friends.

8639. Would it be possible for a boat to land things at night on the island?—Yes, in small quantities.

8640. Has that ever happened?—I do not think so; I never heard of it.

8641. *Dr. Dodds.*] Do you keep a shop in the leper section?—Yes.

8642. Who takes charge of it?—My wife.

8643. Are there any regulations so as to avoid any risk of contagion?—No, none whatever.

8644. Do you keep another store in the village?—Yes.

8645. *Chairman.*] Do you think it is possible for things sometimes to be smuggled from the island to town or vice versa?—Yes.

8646. Even in the steamer?—Yes. The lepers send a good many parcels and boxes away, and I have to search any suspicious-looking packages that arrive. I have no instructions to search parcels going away.

8647. Have any instances come to your knowledge where meat has been attempted to be smuggled from the island?—Yes.

8648. Was it on one day or on separate occasions?—Different occasions. I opened the box on my own responsibility and found the meat.

8649. Was there much meat?—Between 20 and 30 lbs. I should say. I was ordered to destroy it as it was bad.

Miss G. Dreyer examined.

Miss *G. Dreyer.*

8650. *Chairman.*] Have you been a visitor to Robben Island?—Yes, I have been visiting the island for three years.

8651. Do you visit it now?—I have not been there for three months, up to that time I visited it on and off.

8652. In what capacity was that, have you any Government appointment?—No. I belong to the Cape General Mission and Miss Sprigg has asked me to help her in visiting on the island.

8653. Have you visited the male and female leper wards?—Yes.

8654. Have the patients ever complained to you at all about the food or other things?—The men have often complained about the food, not the females so much.

8655. Were you ever present when the meals were being served?—I have been at the female wards several times when they were having their

dinner, I thought the meals were very good. I do not know how they treat the men.

8656. Did the females complain about the quality of the food ?—No.

8657. You have not seen the food supplied to the male lepers ?—No.

8658. Did they complain of anything else ?—I cannot remember that they did, they were very anxious to get away from the island.

8659. I presume that you visit the patients mainly with reference to their spiritual condition ?—Yes.

8660. Have they often had conversations with you on other matters ?—Yes.

8661. Do they complain of any lack of care on the part of the attendants or of any harsh treatment ?—I never encouraged them to make complaints, but some time ago a man said that he was very badly treated and not looked after at all, indeed the attendant was drunk.

8662. How long ago is that ?—About a year.

8663. Do you know who he referred to ?—No.

8664. Was the same complaint made to you a second time ?—I do not think so.

8665. Did more than one of the male patients make that complaint ?—Only the one man I think. I may say that I heard from outsiders that the man used to drink.

8666. Do you remember his name ?—No ; he may be dead now.

8667. Was there any other complaint made to you by the male lepers ?—I do not remember any.

8668. Do they complain about their sleeping accommodation, the way in which they are housed, or matters of that sort ?—No.

8669. With regard to the female lepers, do they make any complaints to you ?—I think they are very happy and contented ; they chiefly complain that they want to get away from the island.

8670. Are the wards well kept ?—I have not been there since Mrs. Dill, the matron, went.

8671. Were you there in Mrs. Pavel's time ?—Yes.

8672. Were the wards well looked after then ?—Yes.

8673. Is there any suggestion you can make with regard to the improvement of the wards in any way ; do you think it would be a good thing to have a recreation room ?—Yes, it might add to the comfort of the patients. I think there might be better classification. Some of the patients are very low characters, and it is very hard for the better class patients who have been brought up well, to listen to their bad language and swearing.

8674. Did you observe any children in the wards ?—Yes. I have spoken to one woman about having her two children there as it seemed a terrible thing for little children not afflicted with the disease to be among the lepers.

8675. Did the women complain about their washing or anything of that sort ?—I do not remember.

8676. How was the washing managed when you last visited the island ?—I think one woman told me that she did her own washing.

8677. Do you think the female patients should have more liberty ?—I have often thought it must be very hard to be locked up all day except when they go out for a little walk.

8678. *Dr. Hoffman.*] On the whole, do you not think the majority of the patients are better off where they are than they would be in their own homes ?—I think the majority of them are better off on the island.

8679. Would some of the patients be better off in their own homes ?—Yes ; some of the better class very likely. I visit a good deal among the coloured people and their homes are very much neglected.

8680. That class you think are better off on the island ?—Yes.

8681. *Dr. Dodds.*] Have you seen the patients taking their food ?—The females I have.

Miss G. Dreyer. — March 22nd, 1894.

8682. Did it seem satisfactory?—Yes, I thought it was as good as they would get in their own homes. They seem generally to get stew, but they did not complain.

8683. On the male side do you ever see any evidence of inattention or unkindness on the part of the attendants?—I do not believe I have ever seen any attendants in the place when I have been there.

8684. Did anyone seem to be looking after those extremely ill and dying?—Mrs. Pouncey is very attentive in her work among the lepers; I have seen her several times attending to the dying people.

8685. Have the female patients ever complained of want of attention during the night when they were sick?—No.

8686. *Dr. Hoffman.*] Do you go over on the ordinary visiting days?—I generally used to go over on Tuesdays.

8687. You are aware that visitors go over to see their friends?—Yes.

8688. Do they kiss each other, shake hands, and so on?—Yes. I was very much struck with one woman who was very bad; her child was brought to her and she hugged and kissed it all the time.

8689. Have you often seen kissing going on between the patients and their friends?—Yes.

8690. Have you ever seen visitors eating with the lepers?—I cannot say that I have; they always bring the lepers a lot of things in baskets when they come over, fruit and so on, and they spread these things out on the table and all sit round.

8691. *Dr. Dodds.*] Can you suggest anything for the improvement of the condition of the lepers?—No. I have often thought that if they were better looked after there would not be so much fighting and quarelling.

8692. *Dr. Hoffman.*] Has that kind of thing gone on when you were present?—Yes; in the female ward there are some very terrible characters.

8693. *Dr. Herman.*] What sort of characters?—Some of the very low women of the town, and there are several Hottentot women there.

8694. Do they annoy the other patients?—Yes; they shout and scream and make a disturbance; there are often unruly scenes. One day when I was there a women had taken another's things away and they were fighting.

8695. Is it not a great hardship for the better class patients to be brought into such close contact with women of that class?—Yes; it is very hard; not only to the white patients but to the more respectable coloured.

8696. Do they make complaints about the nurses or attendants?—No; I do not remember that they have.

8697. Do you know much about the nurses?—I do not know much about Mrs. Dill. I knew Mrs.———who was there.

8698. *Chairman.*] Is not she on the island now?—No; she resigned. I had a good deal to do with her before she went to the island.

8699. *Dr. Herman.*] How did you meet her?—I came across her in the course of my visiting; she was left by her husband with two boys, whom I took for a time. I advised her to go to the island and she got a place there. I do not know why her husband left her.

8700. Was she a woman of good character?—I know very little about her, but I did not like to see the boys where they were.

8701. *Chairman.*] Where did she live?—She was staying at Albany House, but she could not pay her way so they turned her out and an old washerwoman took her in. Someone told me about the case and I went to see her and took the boys and advised her to go to the island.

8702. *Dr. Hoffman.*] Did she leave the washerwoman's house?—She stayed a little while there. I believe she was a respectable woman but she gave way a little to drink after her husband left her.

8703. *Chairman.*] You think it mostly poverty that dragged her down?—Yes. She seemed to be despondent after her husband left her and not to care much what became of her.

8704. Has she left the island now?—Yes.

8705. Why did she leave?—She wrote a letter to say that she could not stand it: the contemplation of the disease was too terrible.

8706. Is it long since she left the island?—I believe she left last Monday.

8707. Have you seen her since?—No, she is rather angry with me because I stopped her getting money from people when she was in this state; several persons gave her money, and as long as she got it she would not work. The boys are still with me.

8708. *Dr. Hoffman.*] Have you quite lost sight of her?—No, not quite. I have asked the Salvation Army to take her back.

8709. *Dr. Herman.*] Are you connected with the Salvation Army?—No, the Cape General Mission.

8710. Do you know whether she has been taken back?—No. The boys go to see her every day.

8711. *Chairman.*] Do you know anything of Mrs. Dill personally?—I have met her only once on the island.

8712. Was she then matron at the female leper wards?—Yes.

8713. Did any of the patients ever complain to you about her?—No, they seemed very fond of her, I thought.

8714. Did you form the impression that the wards were well managed by her, and kept clean?—Yes.

8715. Do you think she is a capable person?—I saw very little of her and could not say much.

William Logan examined.

William Logan.

8716. *Chairman.*] What are you on Robben Island?—Water bailiff.

8717. How long have you been there?—I was born on the island; my age is 28. I was away from the island while I learned my trade.

8718. How many years have you held your present appointment?—Thirteen months.

8719. Were you employed before that on the island?—Yes, as attendant and ration man.

8720. What are your duties with regard to the water?—I attend to the supply of water in the large tank, and see to the windmills and pumps.

8721. Where is the large tank supplied from?—From the wells; there is one well at the back of the male lunatic asylum, and one windmill and pump there.

8722. Where is the other well?—In front of the church.

8723. Are there any other wells?—There are only two principal wells, the others are for the cows; the water is not so good for drinking.

8724. Is the water from the tank used for drinking purposes?—Formerly it was, but latterly water has been obtained from Cape Town. It is used for cooking purposes.

8725. Are they at present bringing water from Cape Town for drinking purposes?—Yes, every boat day.

8726. How does it come?—In barrels, and a tap is put in.

8727. Do the barrels go back when they are empty?—Yes, to be filled again.

8728. Are they ever cleansed?—Yes, they are washed out by some of the lunatics. There is an attendant in charge, who sees that it is properly done.

8729. Are they ever cleansed with steam?—I cannot say.

8730. Are they disinfected in any way?—No.

8731. Is the water always good that comes from Cape Town?—I prefer the water on the island myself, and so do a great many of the inhabitants; it is far more clear.

8732. Has the island water a brackish taste?—Some say so.

William Logan.
—
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8733. Is it used pretty largely for drinking purposes?—Yes, and for cooking purposes, and making tea and coffee.

8734. How far is the well from the graveyard?—About 200 yards.

8735. Is it on lower ground?—Yes, the burial ground is on the top of the hill.

8736. Where do they bury the lepers and the lunatics now?—At Murray's Bay.

8737. Do you think the well is quite unaffected by the graveyard?—Yes, there is solid rock intervening.

8738. Is their always plenty of water in the wells?—Yes.

8739. Have you ever pumped them out dry?—Never since I have been there; the pump is always kept going when there is wind.

8740. How much water does each tank hold?—400 gallons, and there are eleven tanks for the leper asylum, besides underground tanks.

8741. Are the tanks ever cleaned?—They are all new tanks.

8742. How long have they been there?—About a twelvemonth.

8743. What do the underground tanks hold?—I cannot say; a good quantity.

8744. How is the water taken out?—By means of pumps; they are for rain water only, the water runs from the roofs.

8745. Is there water in any of those tanks now?—Yes.

8746. During your experience has the water supply ever run short on the island?—Yes, sometimes, if any accident happens to the windmills.

8747. Has the water in the wells ever run short?—Never.

8748. Have they sufficient water on the island to do without Cape Town water?—Yes; there is always water on the island.

8749. Why do they send for Cape Town water?—The doctor thinks it is more healthy.

8750. But you think apart from that there is sufficient water on the island to supply all the inhabitants?—Yes.

8751. Is there enough to supply them with baths daily?—Yes; there always has been.

8752. You think it only depends upon the pumping; there is no fear of the wells runing dry?—No.

8753. How many hours have you pumped at a time?—Sometimes all day and all night.

8754. In spite of that you have never pumped the wells dry?—No.

8755. *Dr. Dodds.*] What is the depth of the wells?—60 to 80 feet.

8756. *Dr. Hoffman.*] What is the depth of the water in the wells?—10 to 12 feet.

8757. *Chairman.*] Do you make much impression on the depth of water after pumping?—No; we never pump the wells dry.

8758. How many feet do you reduce the water after 24 hours' pumping?—Not very much; it comes in again.

8759. What is the size of the pump?—It discharges an inch and a half of water, and it will work for days and not pump the well dry. I have known it to work three days and still the well has held out; one pump was working the two wells.

8760. How are the female leper wards supplied with water? There is a well with a hand pump, and the lunatics go every morning to pump.

8761. Is that the only way to get water?—Latterly they have opened another new well close to the beach; sometimes it gets a little short of water; that well is about 20 feet deep. It is sunk in the rock.

8762. *Dr. Hoffman.*] Are all the wells near to the shore?—Yes.

8763. *Chairman.*] How many lunatics go to the pump?—Four; they go on pumping from nine till twelve.

8764. Who did the pumping before the new well was opened?—There is no pump in the new well yet; they use the fire-engine, and pump the water into the tanks.

8765. What quantity of water do they raise?—They fill four tanks; I cannot state what quantity of water is pumped up, as it is being used all the time the men are pumping.

8766. Is there any other water supplied to the wards?—Yes; a trolley takes down water in a tank for the nurses only. I take that myself.

8767. Is that Cape Town water?—No. There is a well covered over with whalebones; the water from that is not used at all; it is pretty well dry and the water is bad.

8768. What well does the fire-engine pump from?—That is a new well on the north side of the island just alongside the female lepers' quarters. The women wash with that water and it is used for sanitary purposes. It is pumped into a 400 gallon tank. I think some people drink the water.

8769. Is the other well at the south-end near the beach?—Yes.

8770. In case of a fire breaking out in the male leper wards, how would you hope to put it out; what water is available?—The water left in the tanks during the night I suppose.

8771. Would you be entirely dependent upon that, could you not utilize the water in the wells?—I do not think so.

8772. How would you put out a fire in the female leper wards?—In the same manner.

8773. Do you think the water available would be sufficient?—No.

8774. In the case of a fire in the village what supply of water would you have?—What was left in the tanks.

8775. How is the village supplied with water?—By a water cart from the tanks. There is a tank on the cart, and from this the barrels are filled; they hold from 150 to 180 gallons.

8776. Suppose a fire was to break out in the village, say at the superintendent's house, how would you put it out?—As far as fire breaking out in the village or the lunatic or leper establishment goes, the supply of water is very precarious to depend upon. I daresay every place might be burnt down before you could do much.

8777. *Dr. Herman.*] Could not you lay on the sea water?—The distance would be too great to pump the water; it is only a manual fire-engine, and there is not hose enough. I have suggested many times that there should be a steam pump in case of fire breaking out.

8778. What water do you use for baths and for flushing purposes?—What is pumped out of the wells.

8779. Is there enough for that purpose?—Yes. When there is no wind there is only what is pumped by hand, and sometimes I may be short of water, and then I send a water cart specially.

8780. *Chairman.*] Have you any suggestions to offer with a view to improving the water supply?—Only that there ought to be a steam pump in case of fire.

8781. *Dr. Herman.*] Would it be possible to move a heavy fire engine about on the island?—Yes.

8782. *Chairman.*] Would you bring it down to the beach in case of fire?—Yes. I would have a powerful engine.

Frederick H. Campbell examined.

8783. *Chairman.*] What are you on Robben Island?—Chief constable.

8784. How long have you been there?—Ten months.

8785. Had you been on the island before that in any capacity?—No; I recently came out from England.

8786. Did you come out to this appointment?—No.

8787. What is the scope of your duties?—Looking after the convicts and posting the sentries.

8788. Do you supervise the leper guards?—Yes; they come under me.

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8789. Have you ever had any complaints made to you by the lepers about the men under you ?—I have no intercourse with the lepers whatever.

8790. Have you ever had to take any of the male leper attendants up for drunkenness ?—Many times I should like to have done so.

8791. Have you ever observed any of the attendants drunk or incapable ?—Many times.

8792. How is it you have not been able to take them in charge ?—I am placed in rather a peculiar position. I am chief constable over the convicts, and I have to do civil work in the way of serving summonses, for which I receive no remuneration whatever.

8793. If your constables on duty observed any of the attendants drunk, have you no instructions whereby they could be arrested ?—No instructions whatever.

8794. If you saw them staggering about drunk you would not be able to interfere ?—No, I have no instructions whatever on that point.

8795. Have you at times seen some of the attendants drunk ?—Yes.

8796. Have you ever seen ——— drunk ?—Yes.

8797. Have you ever seen ——— drunk ?—Yes.

8798. How long ago is that ?—I have not seen ——— drunk since last November, and ——— about the same date. Since that time they have not come under my notice.

8799. Have you ever had occasion to notice drunkenness among the male lepers ?—Yes, in September last one of the lepers was drunk at the boathouse.

8800. Did he come down to meet the boat ?—Yes.

8801. Is he a coloured man ?—Slightly coloured He said he wanted to see his friends.

8802. Was he arrested ?—No, I reported it to the magistrate. It was on the 25th of September.

8803. Have you ever after visiting days noticed any increase of drunkenness among the lepers ?—No ; I cannot say that I have ; there is an increase in the smoking of dagga which is often smuggled. I refer to the convicts chiefly ; generally after boat days you can smell dagga.

8804. As regards the female leper establishment, there are certain guards placed on duty there at night, are there not ?—Yes, but they are quite inadequate.

8805. Why do you think they are inadequate ?—In the first place the women are not guarded in the day time ; there is no guard whatever, and at night I cannot answer how they do their duty, they are never inspected, as there is no one to do it.

8806. Is it part of your duty to inspect the guard at night ?—Not at night ; in the day time I have inspected the guard.

8807. Do you think they should be inspected at night ?—Certainly.

8808. Would you suggest that an additional officer should be obtained for the night work ?—There should be a night constable to inspect the guard at night. During the year there have been 25 charges against the leper constables, and there are only ten of them. That is without their being inspected.

8809. What has been the nature of the charges ?—Four men were dismissed for drunkenness, and four were asleep at their post ; that was found out quite accidentally ; fourteen were punished for not reporting themselves and not being in time ; they have to report themselves when they come off duty and when they go on.

8810. Were these offences mostly on the part of the night or the day constables ?—The night constables.

8811. Who brought the charges against them ?—Mr. Moore and myself.

8812. How did you find them out ?—They have to report themselves at my office when they go on duty at quarter to six.

8813. Between the time when they come off in the morning have any

charges been brought against them?—The principal charges are at night, they come to report themselves at quarter to twelve. If they do not, I inform the magistrate, Mr. Jones.

8814. Is an enquiry then held into the matter?—Yes, and they are punished.

8815. Do you consider that three constables are enough for night duty as a guard round the female leper compound?—No. One night Mr. Moore and myself went down to the compound together and one of the sentries ran round the opposite way, there is no doubt the others were asleep and he went to wake them.

8816. That shows the necessity for an inspection at night, does it not? —Yes, you see the men who have been on night duty about in the day time, instead of being asleep then.

8817. Are there no regulations requiring these men to keep to their quarters in the day time if they have been on night duty?—No, I think there ought to be regulations. There is a boundary line drawn from the beach up to the lighthouse, and one constable is supposed to be on duty in the day time but it is impossible for him to watch that none of the lepers cross it.

8818. Is it possible for the lepers to walk over the boundary line on the other side without being seen?—Yes, they can walk over by the lighthouse.

8819. Do they ever do it?—I do not know, but they could.

8820. Have there been any charges brought against the constables on duty of having connection with the female lepers?—No; there is not the slightest suspicion of that.

8821. *Dr. Dodds.*] You said that during the day time the female leper compound was not watched at all; have you any reason, from your own knowledge, to believe that anything goes on between the male and female lepers in the day time?—The male lepers go down to the female compound in the day time and there is not any protection against their doing anything wrong.

8822. Do you think any irregularity occurs?—I am certain of it.

8823. Are you sure that there is indecency going on?—Yes, daily; you can see shawls and blankets put up on the fence by the women, and when the latter go down to the beach to bathe the men are there.

8824. Are the men close by?—I do not say they are close by, but the women are not protected; there is nobody to look after them.

8825. Do the women go down to bathe without being in charge of anyone?—Yes.

8826. Have you seen that yourself?—Yes; the last time I was at Murray's Bay there was only Mrs. Dill's little girl with them.

8827. *Chairman.*] Is that a customary thing?—I have only seen it two or three times.

8828. Do the women after bathing return immediately to the wards, or do they stay out?—I could not say.

8829. Do they ever walk away after bathing to other parts of the island with the men?—I do not know.

8830. Do the constables on duty understand Dutch?—Yes.

8831. Have they ever overheard the men or the women making appointments?—I cannot say that they have.

8832. Have you any impression on your mind that that actually takes place?—Yes. I have seen the men and women out on the beach together, and I have stopped them. The men come regularly to the fence to talk to the women and stay there till six o'clock in the evening. The fence is not sufficient to prevent the men getting into the female quarters.

8833. Could they get in at any time?—Yes, any time.

8834. Do you think they ever do get in?—I do not doubt it.

8835. Have you ever known of a case of a man getting in while you have been on the island?—Only once, and the man was punished. I am

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told that the sand underneath the fence is scratched away and they get in in that way.

8836. Have they ever seen anyone get underneath?—No, but they have often observed the holes where the stones and sand have been taken away.

8837. Have they ever seen the women come out?—The women are reported continually as coming out.

8838. Do they order them back again?—Yes; but they generally make the excuse that they are coming out to gather the leaves of the castor oil plant which grows about there just outside.

8839. Do they go back?—I cannot say; the constables have not much control over them.

8840. *Dr. Dodds.*] Do I understand you to say that the female lepers have often been seen coming out of the compound under the fence?—Yes, often.

8841. So that if no children have been born it is more through good luck than want of opportunity, is it not?—Yes; there is every opportunity if they wish. One female leper said that if she had to be kept on the island she might just as well have connection with every man.

8842. Was that a coloured woman?—Yes.

8843. Have you any suggestions to make with regard to the segregation of the male and female lepers?—The only way is for the Government to make stringent regulations. At present I have no control. Only the other day I spoke to one of the male patients about indecency, and he replied—"What the —— has that to do with you"; and I could do nothing.

8844. *Chairman.*] Have you no control whatever?—No, the lepers can practically defy me, and they do. The attendants do not look after them in any way.

8845. Have the attendants the same feeling that you have, that if they tell the patients to do anything they cannot enforce it?—The lepers have no respect for them.

8846. Why is that?—I have heard that the attendants think the lepers are cruelly treated and they let them do as they like, and they say to them that the constables cannot force them.

8847. Have you ever heard that?—Yes, I have.

8848. Can you give the name of any attendant?—Yes; Attendant * * * * * said, "Why do you take any notice of the d—— constables."

8849. Do you think that such treatment on the part of the attendants tends to keep the place in a state of unrest?—Yes. At the time of the two outbreaks of the lepers there was not one attendant ever came near the place.

8850. Do you refer to the time of the meat disturbance, and when the Commission visited the island?—Yes.

8851. Did the attendants leave it entirely to the police?—Yes.

8852. Did the attendants consider that it was not their duty?—Yes.

8853. Have you no definite rules or regulations to guide you?—No.

8854. Has anybody else?—No. If Dr. Impey told me to draw my revolver I do not think I should be disposed to do it, as he has not authority.

8855. Dr. Impey is superintendent of the island and you would be bound to take your orders from him, would you not?—The way things are situated at present, I would not take orders from anybody.

8856. Not from the magistrate?—Yes.

8857. Is your office in connection with the central police authorities in Cape Town, or do you make any reports?—No; I look after the convicts and serve summonses and attend court.

8858. Are you not responsible for the discipline of the constables who act as leper guards?—I do not hold myself responsible.

8859. Do you give them orders?—Yes, but I do not hold myself responsible because I do not consider that I have anything to do with the leper guards.

8860. Have you no instructions from anybody on that point?—No, none. My experience is that there is no discipline, if there was, things would be managed all right, but as it is now, the attendants get drunk and there is no control.

8861. Have you ever seen the workmen drunk?—Yes.

8862. Between twelve and one can anybody go to the restaurant and get drink?—They can get one bottle of beer.

8863. And in the evening?—They can get as much as they want.

8864. Can any attendant in the evening when not on duty go to the restaurant?—Yes, from seven to nine.

8865. Can they get any kind of liquor?—Yes.

8866. As a matter of fact is the restaurant attended every evening by somebody or other?—Yes. I generally go there myself after seven o'clock.

8867. Is it a sort of club-house?—Yes. Everybody goes there, it is the only place on the island.

8868. Can any man come in and buy as much liquor as he wants between seven and nine in the evening?—Yes; but he must drink it on the premises.

8869. And as a consequence there is sometimes drunkenness, is there not?—Yes.

8870. On those occasions have you seen certain people drunk?—Yes, principally the workmen.

8871. Would there be any opportunity for a workman to bring a leper patient a bottle of liquor?—Smuggling does go on. I think a man could leave the restaurant with a small quantity of spirits in his pocket and give it to a leper.

8872. Would he be able to avoid the leper guard at night?—Yes; the guard is quite inadequate to look after the place. There are only two guards at night on the male side, and three at the female compound.

8873. Could they smuggle liquor if they wanted to?—Yes, very easily.

8874. Do you think it is ever done?—I cannot say for certain. I have seen one of the leper patients drunk two or three times. I do not know the number of his ward.

8875. *Dr. Dodds.*] Do the lepers ever wander about at night?—Yes, and early in the morning. There is no guard at all at the female leper compound from five to six, they can wander about then.

8876. Why is there no guard from five to six?—I do not know.

8877. At what other time is there no guard on duty at the female compound?—There is no guard in the day time.

8878. If the male lepers liked to go there early in the morning, say at six o'clock, could they see the women?—Yes, the women could get out at an early hour easily, and they do it.

8879. On one occasion when there was a disturbance a revolver was drawn, was it not; were you present?—Yes. I had my revolver in a case, without the strap, and I gave it to one of the constables.

8880. Do you think it is necessary to carry revolvers when you are so near the guard house?—It is necessary in one sense. If the leper patients were all to combine together our force would be very inadequate, it is only 29 all told. The leper attendants never attempt to quiet the patients.

8881. Do not you think that the batons would answer just as well as revolvers?—The men have batons, but they are not enough, revolvers overawe the patients more.

8882. Have any instructions been given to the men carrying revolvers as to when they are to use them, or is it left to their own discretion?—It is understood that they are never to draw or fire their revolvers without an order from an official.

8882A. Who would give the order?—I suppose the magistrate or the superintendent, after reading the Riot Act.

Dr.
G. B. Silke.

March 22nd, 1894.

Dr. G. B. Silke examined.

8883. *Chairman.*] You are a medical practitioner in Cape Town ?—Yes.

8884. Have you much personal knowledge of leprosy ?—Practically none. I have never had any cases under full treatment.

8885. With reference to the alleged spread of the disease through vaccination, Dr. Impey states in one of his reports, "It is a noteworthy fact that since the introduction of the art of vaccination, leprosy is spreading with rapidity," and in conjunction with that report, Tebb, in his book on the recrudescence of Leprosy, page 211, quotes two cases of patients who were vaccinated, one Elizabeth Hart and the other Ellen Waigel. Are you the person mentioned as having vaccinated Elizabeth Hart in 1885, at Wynberg ? —I attended a Mrs Hart in 1885 at Claremont.

8886. Would you be able to give us some information about the case : do you admit that you did vaccinate her ?—I have not the slightest recollection of having vaccinated any such person. I have, however, carefully gone through the whole list of my patients for 1885, including not only those on my books, but those who paid cash at the time of consultation, and I fail to find any such case of vaccination. I may state that I always specially mark such cases as being vaccinations. My record shows that I attended at Mr. H. Hart, Claremont, on the 4th, 5th, and 6th November, 1885, and that the first two visits were to Mrs. Hart's son Harry The third visit, though not specially noted as such, was probably to the same patient, and was certainly not a vaccination. I may further state that I can find very little record of having done much vaccination during that year, and in this my memory bears me out.

8887. Will you state broadly the conditions under which you generally vaccinate ; what lymph did you use in 1885 ?—Humanised lymph.

8888. Was it obtained from England ?—No.

8889. Did you do much arm to arm vaccination ?—Not very much.

8890. Could you state whether in the case of Elizabeth Hart you vaccinated from arm to arm or from lymph in a tube ?—I could not say. I do not know if I did vaccinate her. I always said that my lymph is obtained from a pure and healthy child, but I prefer calf lymph.

8891. Do you use calf lymph now ?—Mostly.

8892. In 1885, in the selection of children, did you see that that they were healthy ?—Yes.

8893. Did you give the preference to children you knew something about, the family history and general conditions ?—Distinctly, except where I was occasionally requested to do otherwise, I always took the lymph from white children whose family I knew.

8894. What method do you adopt in the process of vaccination ?—My method is to vaccinate in three places by simple cross scratching, and drawing as little blood as possible for fear that the lymph might be washed away.

8895. In the case of arm to arm vaccination what precautions do you take ?—In all cases I take great precautions in the way of having the lancets clean. My usual custom is between each mark to wash the lancet and dry it before proceeding to the next mark.

8896. Was that the method you adopted in 1885 ?—Yes ; at one time I used to make four marks.

8897. In 1885 were you specially hurried in your vaccination process through there being such a demand on your time ?—My own private opinion has always been that lymph is lymph from whatever person it comes, and if you get pure lymph without blood, it is impossible to produce any other disease by vaccination.

8898. Might not a globule of blood escape one's notice ?—That is possible.

8899. In your opinion is there a possibility of leprosy being inoculable ? —It is possible.

8900. Therefore it is an additional reason for great carefulness in vaccination, is it not ?—Yes.

8901. In your experience is it not very customary for people to attribute various complaints to vaccination ?—Yes, frequently.

8902. Did Dr. Daubler or Dr. Stubbs ever draw your attention to this case ?—Never.

8903. *Chairman.*] When the case was drawn up for publication you were not consulted in any way, were you ?—Not in the least. The first I heard of it was three or four years ago when I heard somebody say that Dr. Impey had got my name published.

8904. Did any of the Hart family ever complain to you ?—No. I never heard anything.

8905. Did you do a large amount of vaccination in 1882 ?—Yes; that was the time of the small-pox epidemic, On looking through my list for 1882 I find that on the 29th of August in that year I vaccinated a Mrs. Hart, (at my house probably), the individual paid me cash, and I do not know whether I saw her again; I have therefore absolutely no knowledge of the case beyond this. It is exceedingly improbable that I used adult lymph, as it has not been my custom to do so. I cannot say whether I used calf or human lymph.

George Hare examined.

8906. *Chairman.*] Have you ever been employed on Robben Island ?—Yes.

8907. How long ago ?—I left on the 22nd of March last year.

8908. How long had you been there ?—Between five and six months.

8909. In what capacity ?—I was an attendant at the lunatic asylum about two months, and subsequently I was employed as ration man at the leper establishment.

8910. What duties had you to do in connection with the latter post ?—In the morning at six o'clock I had to get four or five lunatics and take the rations to the male lepers for their breakfast. I got back about half past seven and at nine o'clock I took the rations to the female lepers. On Mondays, Wednesdays and Fridays I received the lepers, male and female, at the boat.

8911. Did the lepers ever make any complaints to you at any time ?—None whatever.

8912. Did they ever complain of the quality or the quantity of the food ?—No.

8913. Did they ever complain about the drunkenness of the attendants ?—They never complained to me as regards drunkenness; I saw a good deal of it.

8914. Had you any reason to suppose that any of the attendants upon the lepers were drunk at any time or given to drinking habits ?—Yes, I have seen it.

8915. Have you ever seen ———— drunk ?—Never.

8916. Have you ever seen ———— drunk ?—No; I have never seen him drunk, but I have seen him the worse for liquor.

8917. On what occasion ?—On one or two occasions I have seen him the worse for drink.

8918. How recently ?—Before I left.

8919. Was it during or after working hours ?—During the time he ought to have been on duty.

8920. Do you recollect when it was you last saw it ?—I cannot say the exact date. It was during the five months I was there. I never saw ———— drunk at any time. With reference to the female leper asylum, Mr. Pavel and Mrs. Pavel were there the whole time I was on the island, and I think

George Hare.
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both of them conducted themselves very well. I certainly think that Mr. Fitch might have looked a little more after the patients.

8921. Do you still visit the island occasionally?—Yes, I go over there monthly to collect accounts and on business matters.

8922. Who do you collect accounts from?—From the officials, not from the patients, but when I am over there I generally take a run round and call on those I used to know before.

8923. *Dr. Dodds.*] What did you leave the island for?—On my own account. I gave notice because there was too much work to do; I had not even time to get my food properly. Dr. Impey asked me if I would like to take some other place on the island, but I preferred to leave at once. I used to take the rations down to the leper establishment on the trolly.

8924. *Chairman.*] Did you drive the trolly?—Yes.

8925. *Dr. Dodds.*] Were the lepers and the lunatics on the trolly together?—No, not together; the lepers had a trolly to themselves. I do not want to go against the officials, but they do not seem to care how things go on; that is my idea about it. If there was more restriction placed on the attendants the island would be conducted far better than it is now. There are certain officials—about four whom I could name—to whom you must almost go down on your knees.

8926. *Chairman.*] Do you refer to four members of the present staff?—Yes.

8927. Are they strict disciplinarians?—They are not so very strict.

8928. Why do you object to their presence on the island: is it not conducive to good administration?—On one occasion there was a new ward opened in the male asylum and we had a dance and concert, and a certain party wanted all his own way, and if you thwarted him you would probably get fined.

8929. Have you anything to show that his presence is prejudicial to the good working of the island generally?—He has never done any good there.

8930. Had you any business matters to transact with him?—Yes; any business matters were always settled satisfactorily.

8931. Did you ever see that person drunk in business hours?—Not in business hours.

8932. *Dr. Herman.*] In what way do you think the comfort of the attendants or nurses could be increased?—I have left the island some time, but when I was there the food was not good. I could not eat it and I had to buy food elsewhere. I believe there has been considerable improvement lately, not only as regards cleanliness but everything else. I can see that from my casual visits. The attendants say they get good food now and are better off than ever they were.

Cape Town, Thursday, March 29th, 1894.

PRESENT:

DR. MURRAY *(Chairman)*,

Dr. Hoffman,	Dr. Fismer,
,, Herman,	,, Dodds.

Mrs. M. Green examined.

Mrs. *M. Green.*
March 29th, 1894.

8933. *Chairman.*] What appointment do you hold at present on Robben Island?—I am leper nurse at the male wards.

8934. How long have you held that appointment?—Eighteen months.

8935. Have you held any other appointment on Robben Island?—No.

8936. Do you act as nurse at all the wards or at the hospital ward?—

At the hospital ward. I have nothing at all to do with the general wards.

8937. How many patients are there in the hospital ward as a rule?—Fifty. There are two sections.

8938. Do you come in contact with the lepers in the other wards at all?—They come down to me to be treated, and I see most of them from time to time.

8939. What treatment do they get in the hospital ward?—It depends upon the complaint.

8940. You carry out the instructions given?—Yes.

8941. Are the names of the patients entered in a book and a record kept?—I do not know anything about that.

8942. Have the lepers ever complained to you at all?—Yes, very often, principally about the food.

8943. Have you ever inspected the food yourself?—Very often, and I found it not nicely cooked.

8944. Is the quality good enough?—Yes, quite.

8945. Do they complain of anything else besides the food to you?—Their chief complaint is that they want to get away from the island.

8946. Do they ever complain to you of drunkenness on the part of the male attendants?—No.

8947. Have you ever seen anything of that yourself?—I have in times past, but not lately.

8948. How long ago?—A considerable time before Christmas. I have not seen anything since. Those attendants whom I saw drunk have left.

8949. Have you ever seen ———— drunk?—I have seen him once under the influence of drink.

8950. How long ago was that?—About eight or nine months ago, not since that time.

8951. Do the lepers ever complain to you about the want of clothing?—Not about the supply of clothing but about the washing; their things do not come regularly. I am speaking of the male lepers only.

8952. Have you had occasion to notice yourself whether that complaint is true?—Yes; I have seen sometimes the washing badly done.

8953. Do they complain to you about the want of clothing?—They have never complained of that.

8954. Do they complain about insufficient bedding, blankets and so on?—No; they have plenty.

8955. Do they get a sufficient supply of boots and so on, or do they ever complain?—They have complained to me sometimes, but I have always referred them to the superintendent.

8956. Have they ever complained that any favouritism goes on, that some of the patients gets things while others do not?—Yes; they often complain of that; the coloured patients complain that the white patients get more than they do.

8957. Have either the white or coloured patients complained among themselves of favouritism?—I have not heard that.

8958. Have you any reason to believe that such a thing is true?—No; not the slightest. I think they are all treated alike with regard to clothing.

8959. Have you been present when visitors from the mainland have come over?—Yes.

8960. Have you ever noticed any drunkenness among the leper patients after that?—Not in my ward.

8961. In any of the wards?—No; I have never seen anything. I have heard of it.

8962. Do you find the lepers difficult persons to manage?—Not at all; they are very easy to manage.

8963. Are they reasonable and amenable to persuasion?—Yes.

8964. *Dr. Dodds.*] Are you present at meal times?—Not aways.

Mrs. *M. Green.* — March 29th, 1894.

8965. Is it anybody's duty to be present when meals are served out? —The attendants supervise the meals.

8966. Have you any suggestions to make with a view to increasing the comfort of the lepers?—As far as I can see they are well provided for; the food certainly might be better cooked sometimes than it has been. I can only speak of the hospital; I never go into the other wards. I only see the patients from the other wards when they come to have their wounds dressed; the out-patients.

8967. If they have any complaints would you bring them before the superintendent's notice?—Yes. I generally see the lay superintendent when they make any complaints. They very often complain about the clothes not being properly washed; it is one of their chief complaints.

8968. Do you disinfect your hands after dressing the wounds of the lepers?—We have carbolic lotion, but I am sorry to say I am not careful in that way.

8969. Do you actually dress the wounds yourself?—I have not done it lately, unless it was a very bad case, and the doctor wished me to do it.

8970. And even then you are rather careless as regards disinfecting your hands?—Yes, I have been very careless in that respect.

8971. Is there any other suggestion you can make?—No, I cannot think of anything, the one complaint of the patients is to get away from the island, they often speak to me about that.

8972. Are they all coloured patients in your ward?—No

8973. Is there no hospital for white leper patients?—No.

8974. Do the patients object to go into the hospital ward?—The white patients will not come down there to be dressed; they will not mix with the coloured people at all. They do not object to going to the hospital so much as going to a hospital that is not exclusively for Europeans, they would like a nurse in their ward.

8975. *Dr. Hoffman.*] Are the whites mixed up with the coloured patients?—No, they are quite separate. When I went first to the island they were mixed together, but since then they have been separated.

8976. Is there complete separation between the two races?—Yes.

8977. Do you think there is sufficient separation between the coloured patients themselves, some of them are far more respectable than others, are they not?—There is no separation.

8978. Do not you think it is a hardship for the more respectable class of coloured patients to be mixed up with the others?—It would be better if they could be classified, I think.

8979. Do you think you have sufficient accommodtaion for the leper patients?—Yes, they are not overcrowded at all.

8980. Do you think it would be an advantage to have separate recreation rooms for the patients?—I think it would be a very good thing.

8981. As it is there is very little shelter outside the wards on hot or windy days, is there not?—Yes; they have to stay either in the day room or in the ward.

8982. Would it be a good plan to have smaller wards so that you could classify the patients better?—I do not think so.

8983. How would you propose to classify the patients more?—I think there are enough wards to allow of classification.

8984. Could you put all the respectable patients in one ward and those who are less so in another?—Yes; there are sufficient wards for that; there is plenty of room.

8985. So far as you are personally concerned, is Robben Island a healthy place?—I do not find it so myself.

8986. Have you been troubled with any special complaint?—Yes; last winter I suffered from rheumatic gout.

8987. Do the leper patients ever complain of that?—Yes, very often, especially in winter.

8988. Were you ever subject to rheumatic gout on the mainland?—No; I never had it till last winter; I first got it on the island.

8989. Do you think the glare of the sand and the sun are prejudicial to the patients?—I think so.

8990. Do they ever complain?—Yes, they seem to feel it very much.

8991. Have you ever noticed whether there are many cases of chest complaint, bronchitis and so on among the patients?—Yes, very many.

8992 Do the patients who come up from up country complain to you about the changes of temperature?—Yes, very often, they seem to feel the sudden changes very keenly.

8993. So far as you are personally concerned do you not think Robben Island is a very barren spot, and that it would be better if there were more trees?—Yes, that would improve the place very much, and make it more comfortable for everyone.

8994. Is the life very monotonous there?—No; not at all, I am quite interested in the patients.

8995. So far as your patients are concerned is it monotonous for them, do you think?—No, I do not think so. They seem to mix together a good deal, and they do not seem lonely at all. Many of them see their friends from time to time, but they say if they were on the mainland their friends would come oftener, some of them are afraid of crossing the sea.

8996. *Chairman.*] Why is it they wish to leave the island?—Principally because of their friends not coming to see them oftener.

8997. Have you ever observed during the time you have been there anything that stirs them up to discontent; are they more discontented after the visits of their friends?—Yes.

8998. Do you know of their having been asked to sign any petition for release?—Yes, about six months ago there was a petition got up, I believe, among themselves.

8999. Were they asked by anyone to sign it?—I could not say.

9000. *Dr. Fismer.*] Are the patients in the hospital subject to any special treatment?—Yes.

9001. What do you use?—It depends upon their complaint.

9002. I mean for the leprosy itself?—I do not think so.

9003. Are you aware whether any special treatment has been used before?—No.

9004. *Dr. Hoffman.*] If you have to give the lepers medicine, do you use the same spoon for two or three patients?—We always wash the spoon after each patient has used it.

9005. As to the classification, are young children mixed up with adults?—Yes.

9006. Could not an improvement be made in that respect?—Yes, the children ought to be separated from the men, who have a bad influence upon them.

9007. Are you amply supplied with water on the island for all purposes?—Yes; now we are; there are pumps, and we get a plentiful supply for drinking, bathing and everything.

9008. Do the leper patients often have sea bathing?—Yes, as often as they wish.

9009. Do you find that as a rule the habits of the lepers are cleanly or the reverse?—Some of them are very filthy, but there are exceptions.

9010. Can you get them all to take regular ablutions?—We have great difficulty sometimes with some of the patients.

9011. Do they complain much of the coldness of the water; does that deter them?—Yes, they do not like the cold water.

9012. Does it seem to you that cold water affects them more than healthy individuals?—I do not know about that. We do not insist upon those who are very bad having cold baths; they can have warm baths.

Frikie Arendse.

March 29th, 1894.

Frikie Arendse examined.

9013. *Chairman.*] Are you a Malay?—Yes.

9014. Where do you live?—At Draper Street, Claremont.

9015. On what point do you wish to give evidence before the Commission?—I want to know about my wife, who is a patient on Robben Island in the female leper ward.

9016. How long has she been there?—One year and nine months.

9017. How came she to be sent to the island?—Dr. Wright came round to examine the people, and he saw my wife, and said that she must go to the island. That is about two years ago.

9018. By whose order was she sent to the island?—I think by order of the magistrate. I was not at home at the time she was taken away. I was in Cape Town, and did not know they were coming. When I got back I met a constable, who told me that he had taken my wife away. She was at the Old Somerset Hospital about fifteen days, and I saw her there. The authorities there told me that she was going to the island as she had leprosy.

9019. Have you any complaints to make with regard to your wife?—No.

9020. Is she well treated on the island?—Yes. I go to see her. I get a free pass every week.

9021. Does she complain?—Yes. She complains that she wants to come home.

9022. Anything else?—No.

9023. Does she complain about the clothing or food or anything else?—No.

9024. Does she complain about the nurses or attendants?—No.

9025. She does not say that they are harsh or unkind?—No, they are very kind.

9026. Have you yourself as a visitor to the island anything to complain of?—I only want my wife to come home to look after the children, I cannot look after them.

9027. How many children have you?—My wife has had eleven; six are dead and five living.

9028. *Dr. Herman.*] Is the behaviour of the other patients quiet and orderly?—No; they are indecent in their habits some of them, and they curse and swear and are quarrelsome.

9029. *Chairman.*] When you visit the island do you go straight to the female wards?—Yes; when I have permission. I have to give up a ticket.

9030. Do you see any nurses or attendants there or are you alone?—I do not always see anyone.

9031. *Dr. Herman.*] Can you go anywhere you like?—No.

9032. Do you ever stay over night on the island?—No; but people can stay at the minister's house.

9033. Have you stayed there?—No.

9034. Do you walk about the island?—No; I stay with my wife.

9035. *Chairman.*] When your wife was living at Claremont did any other members of the family have leprosy, your father or mother or your wife's father or mother, or any other relatives?—No.

9036. How did your wife contract the disease do you think?—I cannot say.

9037. Were there any other lepers living in the same street at Claremont?—There was a man living there who is dead now; he lived opposite to us.

9038. Did you ever go into his house and see him as a friend?—Yes, I did, but I do not think my wife did.

9039. Did she come in contact with anyone who had leprosy?—I cannot say.

9040. Are the children who are alive healthy?—Yes, you can see them at any time.

9041. What did the six you have lost die of?—Two died of small-pox, two of fever, and one of convulsions.

9042. What sort of food do you generally have in your house; do you eat much fish?—Not so much; rice, meat, sheep's trotters, sheep's heads, and ordinary food.

9043. You do not eat a great deal of salt fish?—No.

9044. How often do you have fish?—Once a week; but we do not give it to the children.

9045. *Dr. Hoffman.*] How long is it since you first noticed anything wrong with your wife?—I cannot say; one of her hands got crooked.

9046. You say that a leper man lived opposite to you; was there anything wrong with his hands?—No, his face was swollen.

9047. Did he live long opposite you?—No.

9048. Did you often see him?—Yes.

9049. Is he a relative of yours?—No.

9050. Would you call him a friend?—No.

9051. Are you quite sure that your wife never went into his house?—I do not think so.

9052. Did your wife borrow anything from the man?—No.

9053. What was the name of the man who lived opposite to you?—Badadien.

9054. Had he got any children?—Yes; a lot of big boys.

9055. Are any of them ill?—No; they are all healthy and well.

9056. There are none on Robben Island?—No. His mother was on Robben Island; his father, whose name was Hamodien, is dead. It is possible my wife may have gone to see Badadien when he was sick, as they were friendly and visited each other's houses.

9057. *Dr. Herman.*] How old are your children?—The eldest is nine, and the youngest a year and nine months; that child was only three months old when the mother was taken away.

9058. Are those children all healthy?—Yes.

9059. *Chairman.*] How many years has your wife been a leper?—About nine years.

9060. Have any of your wife's relations ever had leprosy?—One of her brothers died of it on the island.

9061. How long ago is that?—Two months ago.

9062. Was he married?—No.

9063. Had your wife a married sister?—Yes.

9064. Are all her children healthy?—Yes.

9065. How old are they now?—I cannot say.

9066. Are there any other relations showing symptoms of leprosy?—No, not that I know of; all the others are quite sound.

9067. *Dr. Hoffman.*] What kind of work was your wife's brother engaged in?—He drove a fish cart.

9068. Who did he live with?—With his father, who is still living.

9069. Did he live far from you?—About 150 yards off. My wife came into frequent contact with him and his people.

Gadea Fakier examined.

9070. *Chairman.*] Are you a Malay?—Yes.

9071. Where do you live?—At Claremont.

9072. Are you a daughter of Slamodien, a priest?—Yes.

9073. Have you any brothers and sisters?—Yes; there were five sisters, but I never saw them, they died when they were small. I have three brothers; one of them, Badadien, is dead; the other two are living and healthy. They live at Claremont; one is named Mahomet and the other Hamaldien. The first-named lives with me and is a little weak in his head. Hamaldien is at Pretoria.

Gadea Fakier.

March 29th, 1894.

9074. Have you any other relations alive?—One uncle and one aunt on my mother's side.

9075. Do they live at Claremont?—Yes; they are quite well.

9076. How did your mother get leprosy?—I do not know; she suffered from rheumatism.

9077. Did she ever go among leprous people at all in the village?—No; I do not know how she got the disease. When Dr. Wright went round, he put my mother's name in a book and said he thought she was a leper. My mother is now on Robben Island. My grandmother is dead; she was very old, but not a leper. I do not know what my grandfather died of; he was a very old man.

9078. Do you know whether your mother's family had leprosy?—I do not think so.

9079. How was your mother taken to the island?—The doctor came and said she must go. I begged him not to send her and promised him I would keep her in a separate room and attend to her. I understood him to say it would be all right and she need not go as she was so old. Afterwards, however, the constable came and said I must send my mother away to the island. The policeman was very unkind and said if she could not walk they would take her in a truck to the station. I was alone, and got a cart for which I paid ten shillings, and she and Arend's wife went together to the Old Somerset Hospital. She stayed there a fortnight and was then sent over to the island.

9080. Have you seen her since she has been on the island?—Yes; I get a free pass. I see her sometimes twice a month; my husband goes over also.

9081. Does your mother complain of anything on the island?—No; the only thing is she does not like to stay there; there is no one to see after her.

9082. Does she get enough to eat?—I send food over to her and also clothes.

9083. Do you do her washing?—No; I send her flannel; they will not let her clothes come away; I send money and if she wants her clothes mended she pays someone to do it.

9084. Does she complain to you of anything at all on the island except that she wants to come home?—No.

9085. Does she complain at all of the nurses?—No, they are very kind.

9086. Does she complain at all of drunkenness on the island?—No; she only wants to get home.

9087. Does she complain of fighting and quarelling among the other patients?—She does not mind that; she just sits outside on the stoep.

9088. What is it you have come here for?—To ask if you will let my mother return home.

9089. *Dr. Dodds.*] Have you any family?—Yes, I have eight children, who are all healthy; the eldest is eighteen.

Michael Moore further examined.

Michael Moore.

9090. *Chairman.*] What is your position on Robben Island?—I am overseer in charge of the convict station there. I have charge of the leper guard also.

9091. Have you any instructions to guide you?—Yes.

9092. From whom did you receive them?—They came from the Colonial Office.

9093. Did they define your duties?—Yes; they are signed by Dr. Impey.

9094. With reference to the leper guards, what number of men is there connected with that duty?—Ten. There are six for night duty and two reliefs. During the day there is one man at the boundary, but that is all.

9095. How are the reliefs arranged?—A constable looks after it and gives a report to me in the morning.

9096. Have you had any difficulty recently with the men at all; are they sober?—There was a case last week; one of the leper guards got drunk and he was dismissed and left the island.

9097. How are the guards inspected at night?—There is no inspection at night. I recommended to Mr. Jones, the magistrate, that there should be.

9098. Do you think there should be more check upon them?—Yes. On one occasion I went down to the female leper compound very early in the morning and one of the constables ran round the fence evidently to warn the other two. I had him brought up.

9099. *Dr. Herman.*] Was any enquiry held?—I brought the man up before the magistrate for leaving his post and he was tried, but there was not evidence enough against him and he got off; it was the evidence of three men against two.

9100. Was your evidence taken?—Yes.

9101. What date was that?—About the 30th of November last, I think.

9102. Have you ever made a night inspection at any other time?—No; I have quite enough to do from early in the morning till late in the evening.

9103. *Chairman.*] Have you had any cases of drunkenness among the constables?—Yes; several cases, and men have been found asleep on their post, for which they were fined.

9104. Have you known of drunkenness on the part of ————?—No; I know nothing at all about that. I am at the convict station, and I keep to my own work and do not meddle or interfere with anybody or anything. I do not even go to a dance if there happens to be one. I have my family at the station where my quarters are.

9105. Have any such cases ever been reported to you?—I have heard people on the island speak of ———— being drunk, but I have never seen it. A man named ———— used to say so, but I think there was something between them, and I cut him on that account.

9106. Was this man always finding fault?—He was always speaking badly of ————.

9107. *Dr. Dodds.*] Have you often seen ————?—Yes. I have seen him passing up and down. I have never seen him drunk, he may have been.

9108. *Chairman.*] Why do not you join at all in the social life of the island?—Simply because I have enough to do. I have a bad lot of convicts and it takes me all my time to look after them. I have had nearly a mutiny through outsiders interfering with me.

9109. How many convicts are there?—One hundred.

9110. Are they privileged men?—Some of them are good conduct men and some are a bad lot; they are behaving pretty well on the whole just now.

9111. Do they scrub the floors in the leper wards?—No, the attendants do that. There is no convict employed in the wards except when painting is going on.

9112. Do you ever have any trouble with the convicts on account of their mixing with the leper patients?—I established rules when I went to the island. On one occasion when I was in charge of the sanitary work I saw a convict in the closet with a female patient, so I got permission to have the latrines cleaned out by the convicts before the doors were open in the morning. Before my time I believe a female lunatic had a child by a convict: that was six or seven years ago.

9113. Could the male patients get into the female leper compound if they wished?—Yes, I feel sure they could, but not the convicts.

9114. Are the leper guards under your control?—Yes. There are three constables at the female leper compound at night. I detail the guards for duty. The other night a constable was found asleep twice at the male leper wards, and was brought up.

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9115. *Dr. Herman.*] Are the female lepers at all inclined to solicit the men?—They are together every day of the week. A blanket or shawl is spread out on the fence and the men sit outside as close as they can get and the women inside.

9116. What do they do?—They talk.

9117. Why do they put up a shawl or blanket?—It may be to keep off the sun when it is very hot.

9118. *Chairman.*] Who do you make your reports to?—Mr. Jones, the magistrate. I have nothing to do with anyone else.

9119. Do your reports embody any occurrence that comes under your notice?—Yes, anything unusual.

9120. Are your reports in the office?—I do not know.

9121. *Dr. Dodds.*] What time do the guards come off duty at the female leper asylum?—At six o'clock.

9122. Then after six o'clock there is no one to keep watch except the matron, is there?—No, from six to seven. There are plenty of ways for getting in; the fence is sometimes broken down.

9123. Do the male lepers go there early in the morning?—Yes. They go that way when they fish.

9124. Have you ever known the leper women to bathe unattended by a nurse?—No; but I have seen them on the rocks unattended.

9125. At what time?—At all hours of the day.

9126. We have been informed that they never go out unless they are attended by a nurse; is that the case?—I have seen them unattended. I saw a woman the other day as far as the white house, with a little child in her arms; that is where they kept the old magazine, near the dog kennels; it is very near the male asylum.

9127. What was she doing there?—She was walking about. When I got there she turned back.

9128. Have you often seen leper women out without a nurse?—Yes.

9129. So that they are not separated from the men always, are they?—I have seen no men with them on these occasions.

9130. There is nothing to prevent the men being with them is there?—No; the men might be there for all I know among the rocks.

9131. Are the women ever indecent when they are about?—No.

9132. Do you understand Dutch?—Very little, but I know what the convicts say. The convicts on duty get twopence a day. I have always one of them who lets me know what is going on; they are very well behaved. There was one of the women got into trouble with a convict before I went to the island. There was only one constable on guard then, and the fence was not erected.

9133. Did the woman have a child?—Yes; that is several years ago.

9134. Is the woman alive still?—I think she is; the child is on the island.

9135. *Dr. Dodds.*] Does the constable on duty in the village report to you?—He gives me a report if anything unusual happens.

9136. If there were any cases of drunkenness in the streets would it be his duty to report them to you?—Yes.

9137. *Dr. Herman.*] Do you find any particular difficulty in carrying out your duties?—No. I have been pretty severe with the men under me and I have not much trouble; if they do give me trouble they go.

9138. Are all your suggestions and reports carefully attended to?—Yes.

9139. Does the sale of liquor come under your notice at all?—No. My constables on duty have permission to get one bottle of beer.

9140. Do they get that during the day?—Yes, a bottle of beer at midday.

9141. Can they go to the restaurant?—When they are off duty. They can only get a bottle of beer between twelve and one; between seven and nine in the evening they can get as much as they like.

9142. Has that increased your difficulty at all in dealing with these men ?—No.

9143. Do you think at a place like Robben Island they ought to have anything to drink at all ?—Why not ? if they drink too much, they should be dismissed.

9144. Do you think it is right to sell liquor to men when they have nothing else to do with their money and their time, are you not placing temptations in their way ?—Men are men, and the island is like any other place in the world. They have no where else to go to but the restaurant.

9145. Would it not be better to have a comfortable recreation room with temperance beverages and so on ?—They would not patronize that. There is a very good reading room where they can play chess, draughts, cards, and so on, and there is also a good billiard room.

9146. Do you make careful enquiries before you take on men as guards? —Yes. I must have good testimonials.

9147. Can you trust these men at night ?—I think so. They get a turn at day duty till they get into the way of the work.

9148. Do not you think it would be better for the pockets as well as the bodies of the men if the sale of liquor were completely prohibited on the island ?—Very likely it would be better for their pockets as well as their health.

9149. Have you been in the army ?—Yes.

9150. In the regimental canteens can you buy as much liquor as you like ?—Yes ; but you must not let there be any signs of drink on you, if you do, you know your doom, you are marched off to the guard room. If the men on the island knew that they would be dismissed they would not get drunk.

9151. *Dr. Dodds.*] Are there many cases of drunkenness in the village not reported to you ?—I could not say.

9152. *Dr. Herman.*] Has there never been a constable on duty in the village before ?—No.

9153. Is it likely that he would arrest anyone for drunkenness ?—Yes.

9154. Would he arrest one of the officials ?—Yes. One of the officials was arrested the other night.

9155. One of the superior officials ?—The next rank to it.

9156. *Dr. Dodds.*] Has the chief constable reported any case of drunkenness on the part of any of the leper attendants within the last two months ? —I do not know ; it would be in the report book.

9157. Has————been reported ?—No.

9158. Is it true that he has been drunk ?—It might be true, but I did not get any report.

9159. Would it have come to your knowledge ?—The chief constable may not have sent the report to me on account of———being an official ; he might have sent it to Dr. Impey direct.

9160. Do you know if he reported it to anyone else ?—I do not.

9161. Can you make any suggestions in connection with the guards ?— There ought to be two extra chief constables as a check on the men, and to see that they do their duty. I am placed in a very peculiar position. I have charge of the constables, and if there is a disturbance among the lepers I must turn out. About the 8th of February last I had to go in among them and take knobkerries away from several, that was on the occasion of the row about the meat.

9162. *Dr. Herman.*] How many occasions were there when it was necessary for you to blow the whistle for the constables ?—Only two ; one was on the day that the Commission came over, on the 20th of February, and before that on the 8th of February, the time of the meat riot.

9163. Have there been no other disturbances ?—Not that I am aware of.

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9164. If there was any disturbance the constables would be called out, would they not?—Yes, the male leper attendants would not attempt to restore order. On the 8th of February there was not one of them there the whole day.

9165. You think they ought to be there?—Yes, if only to pick out the men inclined to be troublesome, but the attendants do not co-operate with the guards; they do nothing.

9166. Do they hinder you in any way?—No.

9167. Do they not try to exercise their influence over the lepers?—They say they do, but they make them discontented with their lot.

9168. Who did you hear that from?—I have heard it from more than one. I think I heard it from the chief constable, but it is only hearsay evidence.

9169. Was there anything serious on the occasion of the meat riot?—The men were violent, and one of the rioters bit a constable in his hand.

9170. Did he offer any resistance before you attempted to arrest him?—He shouted to the others, "are you going to let them take me away." He went quietly for a little way and then became violent and threw himself on the ground; he said something in Dutch when he was taken off, and another man took his place as ringleader.

9171. Was this man violent before you arrested him?—Yes. Dr. Impey told me to arrest him and put him in the cells; he had a stick in his hand.

9172. Do not the men deny that they had sticks?—I can prove that I took a stick from this man and broke it, and I also took knobkerries from the other men and threw them over into Dr. Impey's paddock. The men afterwards asked for them and I gave them. I also sent for some leg irons. The Rev. Mr. Watkins was speaking to the men and he said if they saw the leg irons it would only excite them all the more, but I replied that it was better to let them see that we were prepared for all emergencies. I then told the constable to hold up the leg irons and handcuffs so that the men could see that we were prepared.

9173. Did they become excited after the man was arrested?—No, not more than they were before.

9174. Did the guards have firearms?—Yes; they always carry them.

9175. Were their revolvers loaded?—That I cannot say for certain. I believe they were. All the men were there before I got there.

9176. Do you carry a loaded revolver?—Yes, but it is in a case.

9177. Had the men drawn their revolvers?—The first two men had no revolvers in their hands; they may have been in the cases.

9178. Did not some of the men draw their revolvers?—One man had his revolver drawn. A leper patient said "He can only shoot one of us," so the man drew his revolver and blew his whistle.

9179. Do you think it is necessary to arm the guards with revolvers?—Yes, for several reasons. The lepers are living in the hope of getting away from the island, and some of the convicts are sentenced for life, and if they combined together they might get the boats and escape to the mainland; they would think nothing of it. As things are now they are quiet, but after a time, if the lepers find they cannot leave the island, they will give trouble.

9180. *Dr. Dodds.*] Have you heard them threaten to set fire to the buildings?—I have not.

9181. *Chairman.*] In the present state of affairs, could they set fire to the place do you think?—There is nothing to prevent them as a last resource, if they became desperate; they live in hopes of getting away from the island, and convicts with a life sentence would be only too glad to get to the mainland.

9182. How many life sentence convicts have you?—That I cannot say. It is not because a convict has a life sentence that he is a bad character.

Mrs. Catherine Wagner examined.

9183. *Chairman.*] Are you living in Cape Town?—Yes.

9184. Have you a daughter, Ellen Waigel?—Yes. My first husband's name was Waigel.

9185. When was your daughter first taken ill?—Shortly after her vaccination.

9186. When was she vaccinated?—At the time the small-pox epidemic broke out at Claremont. She attended the mission school there, and all the children were vaccinated.

9187. Who was it vaccinated her?—I cannot say. The constable fetched her from the house.

9188. How old was she?—Twelve.

9189. Had she ever been vaccinated before?—Yes; when she was a baby.

9190. Do you remember what year or month it was when she was re-vaccinated?—I am not certain.

9191. Was it on the occasion when a number of children were vaccinated in Claremont by order of the Government?—Yes.

9192. How soon after that did she become ill?—After the vaccination she had a bad arm for three months.

9193. Did you have any treatment at the time or did you show the arm to anyone?—No. I attended to her myself. I poulticed the arm and looked after it.

9194. Did it gradually heal up?—Yes.

9195. Was there any abcess or swelling?—Only a swelling and pain, that is how it commenced. I stayed about six months in Claremont and then came to town.

9196. Did you have any attendance in town?—After I came to Cape Town she broke out in blue blotches on her face, and I had Dr. Douglas for her.

9197. What year was that?—Shortly after I came to Cape Town.

9198. Did Dr. Douglas attend her?—Yes.

9199. Did he tell you what was the matter with her?—He gave me some medicine and said I had better let her go to the hospital, and she went to the New Somerset Hospital.

9200. How long was she treated by Dr. Douglas?—A month or so. After she went to the hospital, wounds broke out and she was taken in as a patient. She was for about twelve months in the New Somerset Hospital.

9201. Did she seem quite well then?—Yes, when she came out of the hospital, but she was full of marks on her body; otherwise she was quite well.

9202. What did they call the complaint in the hospital?—They did not tell me.

9203. Did they say it was leprosy?—When she went to the hospital the second time they said so.

9204. When did she go the second time?—She was a good while at home, more than two years, and she was sick off and on. I attended her myself at first, and then I took her to the Old Somerset Hospital in November, 1889.

9205. How was she most affected then?—In the legs. She then went to the island.

9206. Had you any other children at that time?—No; this was the only one then.

9207. Was your husband alive then?—Yes.

9208. Was he always in good health?—Yes.

9209. What did he die of?—He is not dead. I was divorced from him.

9210. *Dr. Herman.*] Have all your other children been healthy?—Yes.

Mrs. C. Wagner. — March 29th, 1894.

9211. Had your daughter many sores before she went into the hospital? —Yes.

9212. Had she never been ill before the vaccination or had any disease? —No.

9213. Had she had measles or sore throat?—No. She was not very fat, but she was a healthy child.

9214. Did she suffer from rheumatism?—No.

9215. *Chairman.*] Had you many miscarriages?—No.

9216. *Dr. Herman.*] Were you born out here?—Yes.

9217. Are your father and mother living?—No.

9218. Were they quite healthy?—My mother died of dropsy and my father of old age.

9219. Have you many brothers or sisters?—I have a brother in town who is quite well; he lives in Bree Street.

9220. Where did you live when your daughter was first taken ill?—At Claremont, in one of Mr. Thomas' houses, near Hudson's shop.

9221. Did she visit anywhere?—No.

9222. *Dr. Dodds.*] Did you ever see any lepers before your daughter was taken ill?—I have seen many.

9223. Did they live near you, or did you have any conversation with them at all?—Never; I have only seen them.

9224. Did you see many at Claremont?—Yes.

9225. Were there any living near you?—No.

9226. Neither at Claremont nor Cape Town?—No; we live in the centre of the town.

9227. *Dr. Herman.*] How long after vaccination did your daughter first get ill?—Three months after vaccination her arm got ulcerated; after I poulticed it it healed, and the fourth month she was all right and went to school; then after I came to Cape Town she broke out in blotches.

9228. Did her arm show any other signs after that?—No; the blotches were on her face.

9229. *Dr. Dodds.*] Have any of your friends or relatives contracted the disease?—No.

9230. Where have you seen lepers?—On the island and in Claremont. I have seen leper men driving wood carts.

9231. Have you seen any keeping shops?—No; but I have seen persons hawking things about the village.

9232. Did your daughter ever buy anything from them?—She may have done so.

9233. Why do you attribute your daughter's disease to vaccination when there were so many lepers about with whom she may have come in contact? —My children never used to keep company with any of the people round.

9234. *Dr. Herman.*] Might she not have bought fruit or wood from hawkers?—I do not think so, I bought myself what I wanted.

9235. May she not have bought sweets for instance?—No. She would not do that.

9236. *Dr. Dodds.*] Why should you blame vaccination?—Because my child got sick after vaccination. She was quite healthy till then.

9237. When was your child first pronounced to be suffering from leprosy?—When I brought her into town.

9238. The first time she went to the hospital did they not say that she was leprous?—I was not told what she was suffering from.

9239. Would they have kept your child in the hospital for nearly a year if she was a leper?—I cannot say.

9240. Did you ever speak to the doctor who vaccinated your child?—I do not know what doctor vaccinated her.

9241. When did you first attribute it to vaccination?—When the swelling of the arm began.

9242. Why did you not go to the doctor and blame him ?—I did not see the doctor who vaccinated the child.

9243. *Dr. Herman.*] Would you have any difficulty in finding out who the doctor was ?—I was not at home the day the child was vaccinated.

9244. Did you not go to the doctor and show him your child's arm on the seventh day after vaccination ?—No ; the child was sent for by the constable. I cannot say who vaccinated her.

9245. *Dr. Dodds.*] Have you ever heard of any other children at the school where your daughter attended becoming leprous ?—No.

9246. What sort of children attended there ?—All sorts ; it was the Rev. Mr. Brooke's school.

9247. *Dr. Herman.*] How is it none of the other children became leprous ?—I cannot say.

9248. Did the doctor at the hospital know what your daughter was suffering from, or did not you ask ?—I did not ask.

9249. *Chairman.*] Do you recollect what doctor had charge of your daughter at the New Somerset Hospital ?—Dr. Parsons I think. There were two or three other doctors there.

9250. *Dr. Herman.*] When did it come into your mind that your daughter was made ill through the vaccination ?—When I saw Dr. Douglas and took her to the hospital.

9251. *Chairman.*] How old was your daughter when she was vaccinated ?—Nine years old. She was vaccinated when the small-pox broke out at Claremont.

9252. *Dr. Herman.*] Do you keep any servant ?—No.

9253. *Dr. Dodds.*] Did your daughter play about much at Claremont ?—No, she was a stranger there. Her only friends were Mrs. Thomas' two little girls ; she is dead now.

9254. *Dr. Herman.*] Was your husband a healthy strong man ?—Yes.

9255. Is he still alive ?—Yes.

9256. *Dr. Dodds.*] You say that all classes of children attended the school ; were they all healthy and well ?—I cannot say.

9257. Were there coloure children and children of Malays there ?—Yes.

9258. You still think that your daughter's illness was due to vaccination ?—I think so.

9259. *Chairman.*] Have you ever known of vaccination causing other diseases among children ?—No.

9260. *Dr. Dodds.*] Are you an opponent of vaccination ?—I do not hold much with it after this.

9261. Have you been vaccinated yourself ?—Yes, when I was young, but I was against it. As long as people are healthy and strong I don't see that they want vaccination.

9262. Did not you feel angry with the doctor about the vaccination ?—Yes, but I could not afford to be continually getting advice.

9263. You have visited Robben Island, have you not ?—Yes.

9264. Had you any acquaintances there besides your daughter ?—No, my daughter was the only one I went to see.

Henry Lubi examined.

9265. *Chairman.*] What are you ?—A boatman.

9266. Where do you reside ?—In Cape Town.

9267. Have you any knowledge of Robben Island ?—Yes ; I have worked there.

9268. In what capacity ?—As a boatman.

9269. How long were you there ?—Over two years.

9270. How long is it since you left ?—I left three weeks ago.

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9271. Was it your duty to land passengers and cargo on the island?—Yes, and I did other work, such as cleaning up and so on.

9272. Why did you leave?—I gave notice to go: I did not like it there. The paymaster was always out of the way. ————was drunk.

9273. Did you have to wait for your wages?—Yes.

9274. Eventually you got your wages, but it was some days late; is that what you mean?—Yes.

9275. Have you seen ———— drunk lately?—Yes.

9276. How long ago?—Just before I left. I left on 19th February; on the 18th he was drunk at dinner time.

9277. What day were you paid?—On the 19th.

9278. Have you seen ————drunk many times?—Yes; many times in the week.

9279. Have any other persons seen him drunk?—Yes; he was staggering about the place coming home from the restaurant.

9280. Was that the principal reason that you left the island because of ————'s drunkenness?—Yes.

9281. Have you seen any other persons drunk on the island?—Yes. I had too many masters.

9282. Have you ever seen ———— drunk?—Yes. I have seen him drunk many times; drunk at the boathouse.

9283. When did you last see him drunk?—Two weeks before I came away.

9284. Was he very drunk?—Yes, too drunk to attend to his duties properly.

9285. Where did he go?—To his own house on the trolly; he could not walk.

9286. *Dr. Dodds.*] Did Dr. Impey or the magistrate see him?—Yes; the magistrate was at the office at the time.

9287. *Chairman.*] What date did this occur?—The 2nd or 3rd of February I think; it was on a boat day.

9288. Have you ever seen any of the lepers drunk?—Yes.

9289. Have you ever seen any rows or disturbances on the island?—Yes, any amount among the workmen; they go to the restaurant on Saturday nights and then drink and fight.

9290. When is the restaurant open?—Any time.

9291. Could you go in to have a drink if you paid for it?—Yes; anyone can.

9292. How much drink can a man get?—As much as he wants, at any time.

9293. Within the last three or four months say, could a man get as much drink as he wanted?—Yes.

9294. Could a man go there and get a bottle of beer, a bottle of wine, and a bottle of brandy?—Yes; if he paid for it the barman would sell it.

9295. How long is the restaurant open on Saturdays?—Till nine or ten o'clock.

9296. And on other nights?—Till eight or nine sometimes.

9297. Is that within the last month or two?—All the time I was there you could go to the bar any hour of the day and get what you wanted.

9298. Could you take liquor away with you?—Yes, if you paid for it.

9299. *Dr. Herman.*] How do you know all these things?—I have been in the restaurant many times.

9300. Have you been in during working hours?—Yes. I could run in and have a drink at nine o'clock in the morning if I liked.

9301. *Dr. Dodds.*] Is it not against the rules to get liquor except between twelve and one and seven and nine?—Yes, those were the orders, but yet you could get it.

9302. *Dr. Herman.*] Could you take your oath as to the truth of the

statement that you could get drink at any time up to the date you left? —Yes.

9303. Are there other witnesses who could prove that?—Yes. Hans Carlsen and Cornelis Farmer, they both live at Woodstock; they were boatmen on the island.

9304. *Dr. Dodds.*] Did the magistrate never see you coming out of the restaurant at improper hours?—The magistrate never goes round by the restaurant, like Dr. Dixon used to. Dr. Dixon went round there twice a day. I have never seen the present magistrate go round there.

9305. *Chairman.*] Did you ever see any disturbances on the island between the attendants?—Yes.

9306. Have you ever seen them quarrelling or fighting at the wards?—Yes.

9307. Who separates them?—Nobody; they stop of themselves.

9308. Do the male lepers ever fight?—Yes; they quarrel and fight with sticks and stones.

9309. Does anyone stop that?—No. I have not seen the attendants stopping it.

9310. Do you mean to say that was a common state of affairs when you were there?—Yes.

9311. Were these rows ever reported to the magistrate or the superintendent?—I do not think so. I only know of two charges that were brought before the magistrate; one of the leper patients used a knife; that was in the day time.

9312. Was that reported to the magistrate?—Yes.

9313. *Dr. Dodds.*] Was the case tried in open court?—No; there were only the two leper patients and the magistrate. Each of the prisoners got four days cells for that. One day the lepers wanted to knock Dr. Impey down and kill him; that was about five weeks before I left.

9314. What was that about?—About some bad meat.

9315. Were the lepers very violent?—Yes; they knocked Dr. Impey's hat clean off; they did not throw him down; a couple of policemen interfered and they sent for Mrs. Impey, who came down, and then the lepers let him go.

9316. Could not the policemen let him go?—One policeman was on the ground and got bitten in the hand by a leper.

9317. Did you see this?—Yes.

9318. What were you doing there at the time?—I was riding away dung in a cart down to the beach and Dr. Impey was coming up from Murray's Bay.

9319. *Chairman.*] Was it in consequence of this unsatisfactory state of things that you left the island?—Yes. I was unhappy there and did not like to see things go on so.

9320. Was there no order there?—No.

9321. *Dr. Dodds.*] Before you went to the island where were you working?—I was working at Wynberg as a groom.

9322. How long were you in that place?—Four months.

9323. And before that where were you?—I was doing mason's work.

9324. In whose service were you at Wynberg?—In the service of a Malay man who had carts; I drove them.

9325. What was the longest time that you have been with any one person in the Colony?—I was with a gentleman in Bechuanaland for three years; I drove four horses.

9326. What was his name?—I forget. He was a Jew and lives at Kimberley now.

9327. Were you ever reported at Robben Island for anything?—No.

9328. Was there never anything against you?—No.

New Somerset Hospital, Tuesday, April 3rd, 1894.

PRESENT:

Dr. Murray, | Dr. Herman.

Henry Olsen examined.

Henry Olsen.
April 3rd, 1894.

9329. *Dr. Murray.*] You are at present a patient in the New Somerset Hospital?—Yes.

9330. Have you been on Robben Island?—Yes, I was there for seventeen months.

9331. When did you leave?—On the 1st of July, 1893, I came into the hospital with typhoid fever.

9332. Where did you get it?—On Robben Island.

9333. Did you hold any appointment on Robben Island?—I was first cook at the restaurant and afterwards I was at the bar.

9334. What hours was the restaurant open?—It was supposed to be opened from seven to nine every night and in the day time from twelve to one but privileged people could go in and have a drink at any time.

9335. What do you call privileged people?—Persons like Mr. Fitch Mr. Gower and the head attendants.

9336. Did these privileged people show you a ticket?—No, the man who was at the bar before me told me the names of those who were privileged

9337. Were there many?—Yes, a good many.

9338. In the evening could anyone go to the restaurant?—Yes,

9339. Were they allowed to take liquor away?—They were not supposed to do so.

9340. Those who came to the restaurant from twelve to one what were they allowed to take?—A bottle of beer.

9341. And from seven to nine could they have any liquor?—Yes anything they called for, spirits or champagne or anything else, as long as they paid for it.

9342. Have you ever seen any of the attendants drunk during working hours?—Yes, I have. I have known the canteen to be open till four o'clock in the morning; that was in 1892, before the magistrate came; it was shameful the way in which it was carried on.

9343. Since that time have things been altered?—Yes, since Mr. Jones the magistrate went there.

9344. Was there much drunkenness at that time?—Yes, and fighting and gambling, and all that.

9345. *Dr. Herman.*] What time in 1892 was that?—In September October, and November.

9346. Can you say anything as to the condition of things within the last year?—When I was there, the canteen was kept open from seven to ten in the evening, and in the day time from twelve to one.

9347. Was it ever open till four o'clock in the morning when you were there?—Yes.

9348. What date was that?—Up to the end of 1892.

9349. Was there much drinking going on during 1893?—Yes, a lot.

9350. Among the leper attendants?—Yes; more among them than any other class. I have seen them in the afternoon drinking and gambling and fighting.

9351. What time in the afternoon?—After three o'clock. Perhaps a man gets some money from home; then he goes to Dr. Impey and gets a ticket, and he and his friends go to the canteen and have drinks.

9352. Are they allowed to do that in the afternoon?—Yes.

9353. Up to the date you left?—Yes. I have seen them myself. I saw

t the same day that I left. If the doctor gives a ticket, the barkeeper has o serve the drinks.

9354. Who else can give a ticket?—The magistrate.

9355. Anyone else?—No one else. I have seen Mr. Gower give tickets ut I do not think he can do it any more now.

9356. *Dr. Murray.*] Have you seen————drunk?—Yes.

9357. *Dr. Herman.*] What date was that?—June, 1893.

9358. Was that frequently?—Yes. I have seen him when he has ome from Cape Town go to the canteen and stop there until four o'clock in he afternoon.

9359. What time would he get to the island?—About eleven o'clock.

9360. Was it only the days when he came from Cape Town that you saw im drunk?—No; several times.

9361. Have you known him to be drunk at any time when he was on uty?—Yes; I have seen him drunk in the day time.

9362. Have you known him to go to the wards drunk?—Yes; they ave fetched him up.

9363. Did they carry him?—Two men had to lead him.

9364. Which two men?—I could not say.

9365. Were they lepers?—No, attendants. I have seen him knock he glasses all to pieces. I had the Government club at that time, and was ff duty in the afternoon.

9366. What was the Government club?—A billiard club.

9367. Does it exist still?—Yes.

9368. Do they get drunk there?—No.

9369. *Dr. Murray.*] Who else have you seen drunk?—I have seen ———— drunk.

9370. Have you ever seen him drunk in the day time?—Yes, in the anteen many times.

9371. When did you last see him drunk?—Before I left.

9372. Was that in business hours?—Yes; I have seen him all day in he canteen, and sometimes he did not go to the office at all.

9373. Have you seen him in his office drunk?—No.

9374. Have you known the male leper attendants to be drunk?—Yes, nany of them; some of them have left now.

9375. Have you known any of the female leper attendants to be drunk? —No.

9376. *Dr. Herman.*] Where do the females get liquor supplied to them? —From the canteen.

9377. Can they go there and drink?—No; they send a requisition.

9378. Was there any drunkenness among the female leper patients?— Some of the females were worse than the men.

9379. *Dr. Murray.*] In June 1893 was there much drunkenness in the anteen at night?—Sometimes on Saturday nights.

9380. Did they keep open late?—No; the canteen was closed at nine o'clock.

9381. *Dr. Herman.*] Was it orderly or was there much fighting going on?—There were disturbances sometimes. On one occasion————had a fight with the barman, Mr. Tappe. He did not want to serve————and the latter said he must serve him.

9382. Did you see the fight?—No; I was not there.

9383. Where were you?—I was at the club.

9384. Is the canteen far from the club?—Yes.

9385. How do you know that they fought?—The bar-keeper, Mr. Tappe, took————before the magistrate.

9386. When was that?—Between April and July, 1893.

9387. Were the leper attendants frequently drunk?—Yes, very often.

Henry Olsen.
April 3rd, 1894.

9388. Did they get liquor at the restaurant or anywhere else?—I have known an attendant bring liquor in a portmanteau from Cape Town, and he got a ticket from Dr. Impey to pass it through without being opened.

9389. Why did you leave the island?—I got typhoid fever and the superintendent gave me a note to Dr. Parsons to go to the hospital.

9390. *Dr. Murray.*] Were you suffering from typhoid fever when yon left the island?—Yes. I think I was very badly treated because they would not take me back again.

9391. *Dr. Herman.*] Do you consider the management on the island good?—I do not consider it so at all; from what I have seen it is a disgrace.

9392. Is there a policeman on duty in the neighbourhood of the restaurant?—No.

9393. If anyone gets drunk or disorderly there what is done?—He is chucked out.

9394. Is any notice taken of it?—No, unless it is reported.

9395. To whom is a report made?—To the medical superintendent. When I was there there was no magistrate.

9396. Are reports often made?—No.

9397. *Dr. Murray.*] On visiting days are visitors allowed to have drink when they come?—If they go to the doctor and get a ticket. I am speaking of what it was in June, 1893.

9398. Were there many tickets given to people?—Yes.

9399. Were they obliged to drink it at the restaurant?—Yes; they must drink it inside.

9400. Were there many female visitors from the mainland?—Yes, sometimes.

9401. Could they get drink also?—Yes.

9402. Did they ever do so?—Yes.

9403. Were any of them women of immoral character who came over?—Yes, a lot. I have seen them coming there and having champagne.

9404. Who gave it them?—A ticket was got from the doctor.

9405. Did any of them stay there over night?—No.

9406. Could they walk about everywhere?—Yes.

9407. Did they seem to have friends on the island?—Yes, some had, but it is very hard to say.

9408. *Dr. Herman.*] Did any of the lepers come down to the restaurant?—They used to, but it was stopped.

9409. Did you supply them with drink?—No.

9410. *Dr. Murray.*] Was there more drinking going on on visiting days than on ordinary days?—Yes, in the day time.

9411. Among the visitors or the attendants?—Both. Friends came over and went to the doetor for a ticket.

9412. *Dr. Herman.*] Did the attendants come to the restaurant accompanied by their friends from the mainland?—Yes, the friend presented the ticket, and gave the drink to the attendant.

At the Old Somerset Hospital.

Mr. S. Needham further examined.

S. Needham.

9413. *Dr. Murray.*] Have you at present any leper patients in the hospital?—There is one male leper patient sent here *en route* to Robben island. Two men who came down from Bechuanaland and one from Herschel have been returned from the island as non-lepers; they are also in the hospital at present. The two men from Bechuanaland came here on the 30th of December, 1893, the man from Herschel also in December, 1893, and the other man on the 25th of February this year. The three returned from the island only sleep in the leper ward; they eat with the chronic sick patients,

Dr. Cox further examined.

Dr. Cox.
April 3rd, 1894.

9414. *Dr. Murray.*] How came these men to be sen down here from Bechuanaland?—They were sent down under the authority of the British Bechuanaland Government.

9415. Did the usual certificates accompany them?—No.

9416. Were there any certificates from the Bechuanaland Government?—Yes.

9417. What sort of certificates do they supply?—Written papers to say they are lepers. I think they came through Sir Graham Bower. The papers are in the Colonial Office; a medical certificate and a letter from the authorities.

9418. On those conditions you received them here?—They were brought down to the railway station in Cape Town and as there was a boat leaving I sent them over to the island, but I queried both cases, and they were returned as non-lepers. I then reported the matter to the Government, and I was authorised to detain them under syphilitic treatment for the present. I have since informed the Government that they are well enough to be sent back home, and I am awaiting the necessary authority.

9419. Where does the third man come from?—From Herschel. His papers are all in order, but he has no other symptoms except the loss of the small toes. Dr. Impey cannot certify him to be a leper, but he would like him placed under observation. I am of opinion he is not a leper.

9420. Is the fourth man a leper?—We have no certificates yet; we are waiting for the Governor's warrant; he is a voluntary patient, and is quite willing to go over to the island.

9421. *Dr. Herman.*] Were these men detained at Robben Island?—No, they were sent back the same day.

9422. Why are they kept in the leper wards here?—We have no accommodation for them, the beds are all full in the chronic sick wards.

Robben Island, Thursday, April 5th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Fismer,
,, Dodds, | ,, Hoffman.

Nellie Ross further examined.

Nellie Ross.
April 5th, 1894.

9423. *Chairman.*] How long have you been a patient in the female leper ward?—A year and six months.

9424. Where do you come from?—George Town.

9425. While you have been here have you had good food generally?—No.

9426. What do you get for breakfast?—Coffee and bread, eggs and butter.

9427. Are you a paying patient?—No.

9428. What do you get for dinner?—Meat and vegetables.

9429. And for supper?—Bread and coffee.

9430. How are you off for clothes; have you got enough?—No; not enough in the cold weather.

9431. Would you like more clothes?—Yes.

9432. Have you ever asked for more clothes?—Yes, but they say it is not the time to get them.

Nellie Ross.

April 5th, 1894.

9433. Who do you ask ?—Mrs. Dill.

9434. Have you enough bed clothing ?—Yes.

9435. Have you had any medicine since you have been here ?—No.

9436. Who looks after you at night ?—No one.

9437. Does no one attend in the ward at night ?—No.

9438. Has anyone died since you have been here ?—No.

9439. Is the ward quiet at night or is there much noise ?—There is no disturbance in this ward.

9440. Do you hear a noise in the other wards at night ?—Yes.

9441. Is there any disturbance here in the day ?—No.

9442. Who stops any disturbance if it arises ?—No one.

9443. Does no attendant do so ?—No.

9444. Have you ever seen any of the attendants drunk at night ?—No; not in this ward.

9445. *Dr. Hoffman.*] Are there often quarrels and disturbances in the next ward ?—Not often.

9446. *Dr. Herman.*] Would it not be an advantage to you to be taken out in an invalid chair during the day, as you cannot walk ?—Yes, I would like it very much. I had to keep my bed for a year and six months. One of the patients helps me if I have to get off the bed for any purpose. I should be very glad if I could go home to my mother. My father is a mason.

9447. Have any irregularities taken place in the ward as far as you know ?—No.

9448. Have you any complaints to make ?—We have no proper nurses, and one patient has to help another. For the last six months I have had to pay to have my washing done. I get some coffee and sugar given to me by the priest, and I have had to give this to one of the patients for doing my washing.

Anna Ehlers examined.

Anna Ehlers.

9449. *Chairman.*] How long have you been here ?—Two years.

9450. Where do you come from ?—Wittedrift, the other side of the Knysna.

9451. Do any of your friends come to visit you ?—I see only a few. My son has been here once in two years; he came from the Knysna and went back yesterday.

9452. Did your son bring you anything ?—He could not as he was so hurried. He was here on the island twelve days, and slept at Mr. Fitch's house in an outside room.

9453. Where did he take his meals ?—He brought some food and eat it at Mr. Fitch's house. He came in to see me every day during the twelve days. I have been in bed nearly the whole two years since I came to the island.

9454. *Dr. Herman.*] Have you seen any immorality going on on the island? —No, I do not know about anything of the kind.

9455. Is the food good ?—Yes. I have no complaints to make, but I should like to be at home with my child.

9456. *Chairman.*] How long have you been a patient here ?— One year and seven months.

9457. Where do you come from ?— Cape Town

9458. How do you pass the time ?—I do needlework.

9459. Have you any complaints to make ?—I want to go home to my mother and father.

9460. Do you get sufficient food ?—Yes. I get an egg for breakfast and a very little butter; meat and vegetables for dinner and in the evening dry bread and coffee.

9461. If you want any assistance at night is there anyone to help you ? —Only one of the other patients.

Gertrude Regter examined.

Gertrude Regter.

April 5th, 1894.

9462. *Chairman.*] How long have you been a patient here?—A little over a year.

9463. Have you anything to complain of?—I want to go home.

9464. Have you ever seen men come through the fence round the compound?—No. It has never happened since I have been here. The wards are pretty quiet and there is not much disturbance. I have never seen any drink brought into the wards, nor do I know of any of the people getting drunk.

Nita Oranje examined.

Nita Oranje.

9465. *Chairman.*] Have you any complaint to make?—I am an old woman. My husband is a patient in the male leper ward, and I do not like to be separated from him. I should be glad to live with him.

Mrs. Dill further examined.

Mrs. Dill.

9466. *Chairman.*] When you serve out the dinner, how is the food for each patient apportioned?—It is just put into the plates in the kitchen and taken to the day-room. It is not weighed. There is a regular diet scale.

9467. Have you anything to complain about with regard to the kitchen?—The only thing is a new boiler is wanted. We have three, but one is broken.

Leah Kola examined.

Leah Kola.

9468. *Chairman.*] How long have you been a patient here?—Nine months.

9469. Have you any complaints to make?—No; only that I want to go home.

9470. Do your friends come to see you?—Yes. Two of my aunts are here to-day; they came from Ceres, and slept last night in Mrs. Dill's quarters. They brought their own food.

9471. Do you get enough to eat?—I do not get enough, but I do not care about that; my only wish is to go home.

9472. Is there any disturbance in your ward at night?—No.

Louis Bauer examined.

Louis Bauer.

9473. *Chairman.*] Do you keep the restaurant on the island at present?—Yes.

9474. How long have you been here?—Since the 17th of January last.

9475. What hours are observed?—The restaurant is open from twelve to one every day, when the attendants, workmen, and others connected with the island can get one bottle of beer.

9476. Can they take it away with them?—No; they must drink it on the premises; nothing can be taken away unless it is requisitioned for.

9477. What hours in the evening is the restaurant open?—From seven to nine.

9478. Can anyone come then and drink?—Yes, if they are connected with the island.

9479. But they cannot take anything away?—No; they have to drink it on the premises.

9480. As regards visitors to the island, can visitors get anything to drink?—Yes, if they get a permit from the doctor.

9481. If a visitor stays on the island over night can he come to the restaurant from seven to nine?—Yes; if he has permission to stay he can come in with a friend.

9482. Is the restaurant closed now?—Yes, nobody can get anything to drink now at any hour at all.

Louis Bauer.
April 5th, 1894.

9483. Why has it been closed?—By order of the Colonial Secretary.

9484. When was that?—Since yesterday.

9485. *Dr. Herman.*] What led to that step?—I could not say what is the reason. I believe there was some disturbance with * * * the apothecary, and he was brought before Mr. Jones the magistrate and fined.

9486. How long ago was that?—Last week. There was also somebody else who was fined 5s., the constable said he was under the influence of drink, but he did not create any disturbance. He went outside and the liquor seemed to affect him.

9487. Were there any other similar cases that led the Government to close the restaurant?—I could not say.

9488. *Dr. Dodds.*] Have you often had to refuse drink to persons?—Not often.

9489. *Dr. Herman.*] Do you supply liquor on the presentation of tickets?—Not now, as the restaurant is closed. Some one sent a requisition in this morning but I could not supply it.

9490. Who owns the stock?—It belongs to the Government. They get Ohlssen's beer.

9491. Do you keep any books?—Yes. Ginger ale and so on are sold at cost price, and the intoxicating drinks have to pay for the others.

9492. Do you consider that it would be a hardship to the people on the island not to be able to obtain liquor?—Yes; they have no other pleasure here.

9493. Would it not be better to sell tea and coffee?—If the sale of intoxicating drinks was stopped, that would have to be tried.

9494. What do you reckon are the monthly returns at the bar?—During March the takings at the bar from visitors and the staff were £146 17s. 7d. and £4 17s. for dinners.

9495. How much of that amount would be spent by the staff?—I cannot say.

9496. *Dr. Dodds.*] Is there much spent on spirits?—No; not so much as on beer. They like a long drink; they may take brandy or whiskey for a night cap before they go home. At dinner time they cannot get spirits at all.

9497. Do you think they drink more here than they would on the mainland?—I am sure they would drink more on the mainland.

9498. *Dr. Hoffman.*] Are you paid by the Government to conduct the restaurant?—Yes. I get my wages with quarters and rations.

9499. Then it does not matter to you if the place is shut up, does it?—No; not as long as the Government gives me another place. For my own part I think it would be a much better plan if each person was allowed to requisition for so much liquor, say three times a week.

Sarah Isaacs examined.

Sarah Isaacs.

9500. How long have you been a patient on the island?—A year and nine months.

9501. Where do you come from?—From Kimberley.

9502. Have you any complaints to make about the island?—I do not like to stay here; the glare of the sun and sand is bad for my eyes, and the place is too unhealthy. I want to go to my parents.

9503. Which ward do you live at?—No. 6 ward.

9504. Have you sufficient clothes?—Since I came here I have always worn my own clothes. I have not had any others.

9505. Have you asked for any?—No; I was not in want of them.

9506. With reference to the attendants, are you well treated; if you are sick at night does anyone come to you?—I have never been laid up in bed, so I cannot say.

9507. Is there much noise or disturbance in your ward at night?—No.

9508. Who is the attendant in your ward?—A patient named Maria Williams.

9509. Are there any complaints that you wish to make to the Commission?—Only that I want to go home.

9510. *Dr. Hoffman.*] Have you ever made any complaint about the food?—Yes, it is not well prepared; the food is good but it is badly cooked.

9511. *Dr. Herman.*] How is the food given out, can you get as much as you want?—Yes.

9512. Is the tea and coffee good?—No; very weak.

9513. What do you get for breakfast in the morning?—At eight o'clock in the morning I get dry bread, half a loaf, and coffee.

9514. Do you get any butter?—No.

9515. Nor eggs?—No; some of the patients get eggs and butter as extras, but not all.

9516. What patients get extras?—Those who are sick; it is by the doctor's orders.

9517. Do the patients make a noise and quarrel in the wards?—Yes, sometimes the patients quarrel among themselves, but it is soon over.

9518. As a rule are they quarrelsome?—No.

9519. Do any of the patients go out at night?—No, I do not think so. The matron goes round every evening to see that everyone is in bed.

9520. Cannot they go out afterwards?—I cannot say. They may do so in the other wards, but not in No. 6.

9521. Do you know of any patients going out at night?—No.

9522. Do they not go out to the closet?—They go into the bathroom and use the utensil there.

9523. *Dr. Fismer.*] Have you a brother on the island?—Yes.

9524. Is he a patient?—Yes. He came to the fence of the female leper compound one afternoon when I was not present.

9525. What did he come there for?—To see me. I was in church at the time, and when I came out I heard that he had been at the fence. The matron said he should not come there. There were others at the fence also. My brother was not the only one.

9526. What do they do there?—Talk to the women.

9527. Are they not allowed to do that?—The matron said no.

9528. *Chairman.*] Are there any other of the women who have complaints to make?—I cannot say. I know they want to go home.

9529. How often do you see your brother?—I have not seen him since the day he was at the fence.

9530. Have you asked for permission to do so?—I got a pass to-day, but I cannot go now till next Thursday.

9531. *Dr. Herman.*] Are the female patients allowed to visit the males?—Yes, once a week; every Thursday afternoon from 2 till 3.30.

9532. *Chairman.*] Who gives you a pass?—Dr. Impey. Dr. Todd used to do so before.

Job examined.

Job

9533. *Chairman.*] Are you a patient on the island?—Yes.

9534. Where do you come from?—The Orange Free State.

9535. How long have you been here?—Two years.

9536. Are you a teacher in the Dutch Reformed Church School on the island?—Yes.

9537. Have you any complaints to make?—I do not like the place, and I want to go home and see my family.

9538. Is the food good?—I do not want to make any complaints; my heart is sore, and I want to leave the island.

9539. Would you have any objection to be segregated in the Free State?—No; not as long as I could see my friends.

Job.
April 5th, 1894.

9540. Is your health good on the island?—No. I never complained about my chest till I came here.

9541. Have you been ill-treated by the attendants?—No. I am treated well. One day the meat was bad.

9542. Have you seen any drunkenness on the part of the attendants?—No, never.

Cape Town, Monday, April 9th, 1894.

PRESENT:

Dr. Fismer, *(Acting Chairman)*,
Dr. Dodds, Dr. Herman.
,, Hoffman.

Mrs. Wagner further examined.

Mrs. Wagner.
April 9th, 1894.

9543. *Chairman.*] Have you anything further you wish to say with reference to the treatment of your daughter on the island?—Yes; she was not treated as she ought to have been, and I was told that even when I took her anything Mrs. Pouncey would not allow her to have it.

9544. Did your daughter complain about the food?—Yes; the food she said was very scanty. In the morning she got nothing but dry bread and coffee.

9545. Did she complain about the coffee?—Yes; she said there was hardly any sugar in it, and it was very weak.

9546. Did she complain about the tea?—I brought her tea over myself.

9547. What did she get for dinner?—The dinner was very scanty; it was mere rice and gravy.

9548. Did she get too little meat?—She did not care much for the meat, but the food generally was too little.

9549. Was the food well prepared?—Yes, pretty well.

9550. Did you bring her over food sometimes?—Yes; if I did not take it over I sent it.

9551. To whom did you send it?—I sent it to the female leper ward to the care of Mrs. Pouncey.

9552. Did not your daughter always receive it?—No.

9553. *Dr. Hoffman.*] You say this was in Mrs. Pouncey's time; after Mrs. Pouncey left was the treatment any better?—Yes; when they had nurses from the patients they were treated a little better: they got on better with the coloured nurses.

9554. Did your daughter complain to you about her food?—Yes, several times. I think I have some of her letters at home asking me to send her things.

9555. Did you complain to the authorities at the time?—No.

9556. Did you never mention it to them; not even to Mrs. Pouncey: did you never say that your daughter did not get things you sent her?—No. I mentioned it to nobody.

9557. Did you yourself ever see the food your daughter got?—I was there several times when the food was served out at twelve o'clock.

9558. Did you think it was insufficient?—There was very little indeed, and it was not cooked properly, not as patients should have it.

9559. Was there too little meat?—Yes, and it was not nicely cooked, nor the vegetables. Sometimes the patients in the ward where my daughter was never touched the food: it was just thrown into a box outside. I have seen that myself.

9560. Why was that; was it so badly cooked?—Yes, it was not cooked

sufficiently. Sometimes there were beans, and they were quite hard, the patients could not eat them.

9561. After Mrs. Pouncey's time was the cooking any better?—It was a little better when the coloured nurses were there.

9562. Did they also get better tea and coffee?—They did not complain after Mrs. Pouncey left.

9563. Did your daughter complain of anything else?—Yes; she complained about the treatment of her eyes; she got totally blind on the island. Mrs. Pouncey applied some powder and drops.

9564. *Chairman.*] Was your daughter under medical treatment and did she use the medicine prescribed?—That I cannot say.

9565. *Dr. Hoffman.*] Did your daughter complain at all about the clothing?---No; I used to take over clothing sometimes myself.

9566. Was she clothed wholly by you?---No; partly by the Government.

9567. She never complained to you about the clothes?---No.

9568. Did she complain about anything else?---Yes; she said that Mrs. Pouncey gave her a slap now and then.

9569. Did that ever happen after Mrs. Pouncey left?---No; not after she left.

5970. Did she tell you why she got a slap?—She told me she would not allow Mrs. Pouncey to put the drops into her eyes.

9571. Was that only on one occasion?—Yes.

9572. *Dr. Dodds.*] Did it leave any bruise?—No.

9573. *Dr. Hoffman.*] Did you make any enquiries of the patients about it?—No; whatever my daughter told me I kept to myself; I said nothing to anybody about it.

9574. *Dr. Dodds.*] Why did you not report it to the doctor?---I did not like to. I knew my daughter was on the island by herself, and I was far away and I did not like to make any disturbance. I only pray to God to take my child out of her misery as she suffers so much.

9575. *Dr. Hoffman.*] Did your daughter make any other complaints?---No.

9576. In speaking of the food you said that the quantity was insufficient?---It was not properly prepared for the patients. I said I had seen it thrown into the boxes.

9577. Were you in the habit of sending things over for your daughter? Yes, very often.

9578. And are you quite positive she did not always get them?---Yes.

9579. Did you never make any enquiries as to where the things went to?---No.

Mrs. E. Pavel further examined.

9580. *Chairman.*] Do you know anything about drunkenness on the island?---I once saw ————drunk in the female leper ward.

9581. When was that?– In June, 1892.

9582. What was he doing there?—He came in to take the names of patients.

9583. Have you seen anyone else drunk besides————?---No, but I have heard of cases.

9584. Have you heard the male patients complain that they did not get sufficient food?—Yes; they very often came complaining.

9585. Can you give us the names of any of them?—The female patients told me their names at the time, but I forgot them.

9586. Did you give them food?—The female patients did.

9587. Had the female patients sufficient to give some away?---Yes, and they bought things out of their own money for the male patients.

9588. You are not able to give us the names of the male lepers who came to the female ward asking for food?—No, I forget them.

Mrs. *E. Pavel.* — April 9th, 1894.

9589. *Dr. Hoffman.*] Did you make any complaint at the time to your superiors to the effect that these men did not get enough food?—Yes; I spoke to Dr. Impey.

9590. Did you do so on more than one occasion?—Yes, more than once. When he came to the wards I told him whatever happened.

9591. Did you mention to Dr. Impey the names of those who complained?—Yes.

9592. When was that?—At different times.

9593. Did the women also complain that they did not get sufficient food?—No.

9594. *Chairman.*] I understand that generally the women gave the men food that they bought?—Yes.

9595. Where did they buy it?—Mr. Fitch kept a store where he sold tea, coffee, bread, ginger-beer, and other things as the patients told me.

9596. Did he sell meat?—The patients said that they could get almost everything they wanted.

9597. *Dr. Hoffman.*] Did Mr. Fitch sell these things for his own profit or for the profit of the Government?—It was his private store, as far as I know.

9598. *Chairman.*] Do you remember any particular case of a male leper coming to the female ward?—Yes; once an old man came and he fell down and fainted. He told me he had had no food for two days. His wife was in the female ward.

9599. Can you give his name?—His wife's name is Oranje.

9600. Is he still alive?—I do not know.

9601. *Dr. Dodds.*] Can you find out his name?—His wife was in ward No. 6.

9602. *Dr. Hoffman.*] How is it the men complained about the food and not the women?—The women had everything very nice; sometimes more than they wanted and could not eat all.

9603. You never found the food insufficient for the women?—.No

9604. Who gave out the food at that time in the female leper ward?—I was present when it was given out: the cooks and nurses assisted in giving out the meat and vegetables, &c.

9605. Was the food weighed out beforehand?—Yes; I often weighed the rations when they arrived and I found sometimes that there was not enough meat, and I reported the matter to Dr. Impey, who always gave orders to send what was wanted.

9606. Who superintended the giving out of the male lepers' food at that time?—I do not know.

9607. *Chairman.*] Have you anything to say about dagga smoking?—There was a very strict order after I went to the island against smoking dagga, as it made the patients half mad. Dr. Todd sent down a tin of dagga.

9608. Was it used in the wards?—No; I kept it in my office.

9609. For what purpose did Dr. Todd send it?—He said it was for the patients. I told him there were strict orders for it not to be used.

9610. Did he prescribe it to be smoked?—Yes; he said it was good for the patients. I sent it back to Dr. Impey.

9611. Did you hear anything about it afterwards?—No; the dagga was entered in the medical prescription book.

9612. Do you know whether dagga was ever smoked in the wards?—Yes, when I first went to the island; and then the patients in the female wards used to fight.

9613. Was it used a great deal?—Yes; sometimes the visitors brought it over and then strict orders were given against smoking dagga.

9614. What class of patients smoked dagga mostly?—The Kafirs.

9615. Are you aware that they are accustomed to smoke it in their own country?—Some do, not all; they know it will do them harm, and among the Zulus an habitual dagga smoker is not respected, for he is a nuisance.

9616. *Dr. Dodds.*] Who took away the dead bodies from the female leper wards?—The lunatics used to do so and subsequently the male lepers.

9617. Were the male lepers alone or in charge of an attendant?—They came mostly alone, very seldom with an attendant.

9618. What did they do with the dead bodies before burial?—I think they were put in a little room.

9619. Was the practice of employing lunatics for that purpose discontinued before you left?—Yes.

9620. *Chairman.*] Do you know of any cases where leper men have visited the female wards during the night?—Only once.

9621. When did that happen?—Two days before I left. If the supervision at the male wards at night was better, the men could not have left without being noticed. Dr. Todd used to give many passes to male lepers to see women in the compound who were not relatives and this also led to irregularities of this kind.

9622. *Dr. Hoffman.*] Did you ever complain about that?—Yes, to Dr. Impey.

9623. *Chairman.*] Was there ever a threat made to set fire to Dr. Impey's house?—The leper men told it to the females and they told me. They said the men would take the boats afterwards and get away.

9624. From whom did you hear this?—From the women.

9625. Can you give us the names of the men?—It was the general talk, the male patients said the same to the Rev. Mr. Dreyer who perhaps remembers them.

Mrs. L. Jansen examined.

9626. *Chairman.*] Where did you live?—In Cape Town.

9627. Have you been over to Robben Island lately?—Yes.

9628. For what purpose?—To see Augusta Regensburg, who said that she was treated badly. I went over last Wednesday as I heard she was ill. At dinner time she asked for some soup and there was not any for her. She was very bad and could not eat the ordinary food. There was a male visitor there who had dinner and when he went away he got a cup of tea.

9629. Is Augusta Regensburg confined to her bed?—No; but she is very ill.

9630. Did she ask for some soup?—Yes.

9631. Did the others patients get soup that day?—I cannot say. I did not see any about.

9632. What did she get to eat?—Nothing; she could not take the ordinary food and she told me that she was treatedly very badly, but she was frightened to tell anyone.

9633. Did she not make a complaint to anyone?—No; she did not like to complain except to me.

9634. Does her mother go over to the island?—Yes, regularly every week. If her mother does not go her father goes to see her.

9635. *Dr. Hoffman.*] Did Augusta Regensburg make any special complaint to you?—She complained that she was treated very badly. Her face was very bad, and it was not washed properly. She could not help herself, and they were rough with her.

9636. Do you know the name of the nurse who was rough?—No, she did not say.

9637. Did anyone else complain?—I did not visit anyone else. She told me that she was treated better when Mrs. Pavel was there.

9638. Do you know Mrs. Pavel at all?—I have seen her on the island. The place was much better in her time.

9639. Have you seen Mrs. Pavel since she left the island?—Yes; but not often.

9640. Did Augusta Regensburg ask you to lay her complaint before the

Mrs. L. Jansen. — April 9th, 1894.

Commission?—No; I came of my own free will. I saw a notice in the newspapers, inviting anyone to come forward and give evidence.

9641. Did Mrs Pavel show you the newspaper?—No, I get it myself.

9642. Did Mrs. Pavel ever speak to you about the matter?—No.

9643. Have you been in the female leper wards at dinner time?—Yes.

9644. When did you see Mrs. Pavel last, before this morning?—About twelve months ago when I went to the island.

9645. Did Augusta Regensburg tell you about the treatment she got when Mrs. Pavel was on the island?---Yes; she said she was treated very well when Mrs. Pavel was there, and was looked after better.

9646. Do you know Mr. Pavel at all?---I know him by sight. I never spoke to him.

9647. Have you never met him since he left the island?—No.

9648. Have you been in the wards at dinner time?—Yes.

9649. Have you seen visitors there then?—Yes; a son of one of the female lepers had his dinner there.

9650. Do you know the name?—No; he took his dinner at the same table and eat the same food.

9651. Do you know whether he stayed over night?---I cannot say.

9652. *Dr. Herman.*] When did you see Mr. Pavel last?---On the island.

9653. Did you write to the Commission, saying that you wanted to give evidence?---Yes.

9654. Was the letter in your own handwriting?---Yes.

9655. It was not merely signed by you?---No, I wrote it myself.

[Upon an examination of the letter it appeared that it was evidently not in the handwriting of the witness, but that she had merely signed it.]

Mrs. Johanna Regensburg examined.

Mrs. J. Regensburg.

9656. *Dr. Hoffman.*] Do you reside in Cape Town?—Yes.

9657. Have you a daughter Augusta Regensburg who is a leper patient on Robben Island?—Yes.

9658. How long ago is it since she went there?—About a year and a half ago.

9659. Has she ever complained to you about the treatment on the island?—Yes.

9660. Does she say she is badly treated?—She complains that they do not keep her clean, and she is not able to clean herself.

9661. Can she use her hands?—Yes, but not her legs. The washing is not well done she says.

9662. Has she ever complained to you about the food?—Yes, she cannot eat the food they give her, her tongue is so sore.

9663. Does she complain of the food itself?—She eats very little as she is very weak.

9664. Would not she eat very little if she were at home?—I should give her better food.

9665. Does the matron, Mrs. Dill, do her duty?—She does not do it as well as Mrs. Pavel did, she was a very clean woman.

9666. Is Mrs Dill kind to your daughter?—Yes, when I have been there. My daughter said that one of the matrons who has left now was drunk in the ward. My daughter is frightened to tell anything lest she should get badly treated; if Mrs. Pavel was there she would be treated better, she never complained in Mrs. Pavel's time.

9667. I suppose your daughter tells you things, does she not?—Yes.

9668. Do you ever inform the authorities?—No; a long time ago I wrote to the Colonial Office about the treatment.

9669. Can you say when that was?—No.

9670. Do you know Mr. and Mrs. Pavel well?—No.

9671. When did you see them last ?—A long time ago.

9672. How long ago before to-day ?—I have seen Mr. and Mrs. Pavel once or twice since they left the island. It must be six or seven months ago.

9673. Do you see Mr. Pavel ?—No.

9674. Has he called upon you lately to ask you about your daughter ?—No.

9675. Did he write a letter for you ?—Yes.

9676. Do you know Mrs. Jansen ?—Yes ; she lives in the same house with me.

9677. Did she go with you when Mr. Pavel wrote the letter for you ?—No.

9678. Did Mr. Pavel come to your house to see Mrs. Jansen ?—No ; I cannot write ; that is why I asked Mr. Pavel.

9679. Who wrote the letter which you have addressed to the Commission ?—Mr. Pavel.

9680. Did you see him write it ?—Yes ; in his own house.

9681. You do not know whether he wrote a letter for Mrs. Jansen ?—No.

9682. Do you see the Pavels often ?—No.

9683. How long ago did he write the letter ?—Not long ago ; the week before last I begged of him to write the letter. He met me in the street and I spoke to him.

9684. Have you any further complaint to make ?—I want to get my daughter home.

9685. Do you know whether any immoral acts are committed on the island ?—No.

9686. *Dr. Herman.*] Do you pay frequent visits to the island to see your daughter ?—Yes.

9687. When were you there last ?—On Monday.

9688. Did you remain long ?—I came back with the steamer.

9689. Do you look about you well while you are on the island ?—I sit by my daughter.

9690. Can you see what takes place in the ward ?—Yes.

9691. Do you ever see men about there ?—Once I did. The last time I was there I saw a leper man and woman sitting by the window kissing each other.

9692. Is the ward quiet and orderly ?—Not so much so as in Mrs. Pavel's time.

9693. But you have seen no acts of immorality, have you ?—No.

9694. Do you speak much with your daughter ?—Yes.

9695. Has your daughter ever told you about any acts of immorality ?—No. She has not told me about anything of the kind ; she cannot see well.

9696. How long have you been in this country ?—Thirty years ; I came from Silesia.

9697. Did you ever see any lepers in Germany ?---No.

9698. How old were you when you came here ?---I was quite young.

9699. Is your husband also a German ?---Yes ; he comes from Berlin.

9700. Is he healthy ?---Yes ; he was a soldier ; he came out here with the German legion.

9701. Have you always been in Cape Town ?---Yes.

9702. Have you seen many lepers here ?---Yes, in the street.

9703. Among your acquaintances ?---No.

9704. How old was your child when you first noticed the disease ?---She was 21.

9705. How did she contract it ?---She was always healthy, but when she was vaccinated she became ill. She was never well since.

9706. Who vaccinated her ?---Dr. Landsberg. I cannot say what year it was.

Mrs. *J. Regensburg.* — April 9th, 1894.

9707. How long after the vaccination did she become affected?—That I cannot say.

9708. What symptoms first appeared?—She got an eruption in the face and she went to see Dr. Parsons, who said it was erysipelas.

9709. Was she long in the hospital?—No. She was an out-patient and lived with me in my house. I used the medicine which I got from the hospital. Before the vaccination she was never ill for a day. She was re-vaccinated. First there was an eruption on the face and then a small patch on the right arm.

9710. Have you any other children?—Yes, four. Two are dead and two living.

9711. Was your son vaccinated at the same time?—No.

9712. Is he quite well?—Yes; he lives in Harrington Street and is foreman to Mr. Keene.

9713. Were you vaccinated the same day as your daughter?—No, another day.

9714. Where do you live?—I have lived for over twenty years in the same place, in Napier street.

9715. *Dr. Dodds.*] Did you know any leprous people in that neighbourhood?—There were some Malay people lived opposite me, and a young man died of leprosy. That was about fifteen years ago. My daughter had the disease six years at home and one and a half years on the island.

9716. How long ago did the Malay man die?—A long time ago; they have left the place about fifteen years.

9717. Were you ever in the house?—No.

9718. Might not your daughter have played there?—She may have. The young Malay man died very quickly of leprosy; his face swelled up very much.

9719. Those people are not living there now, are they?—No.

9720. *Dr. Herman.*] How long after the vaccination did the leprosy begin?—The marks did not take.

9721. How many marks were there?—Two, I believe.

9722. *Dr. Dodds.*] Have you known any lepers among Germans?—No.

9723. No one else you know has had leprosy?—No.

9724. Had the Malay man any sores?—I do not know.

9725. Did he come in contact with your daughter in any way?—No.

9726. Did his mother wash for people?—I do not know.

9727. Did many people live together in the house?—I think the family lived alone.

9728. *Dr. Herman.*] Have you any suggestions to make to increase the comfort of your daughter?—I would only like to take her home.

9729. Would you not be afraid lest your son or some one in the house might contract the disease?—No.

Jan Arnoldus examined.

Jan Arnoldus.

9730. *Chairman.*] What are you?— I work for a mason.

9731. Where do you live?—At Stellenbosch. I have come in from there to complain about my wife being on the island. She is healthy and well and has been so for the last fifteen months, and she is most anxious to come home.

9732. Have you any complaints to make with regard to her treatment on the island?—No.

9733. Who sent her to the island?—Dr. Smuts.

9734. When you were last over there, did you find that your wife was well treated?—Yes; she did not make any complaints about the treatment; the only thing is she wants to come home.

9735. How many children have you had?—Nine; three are living.

9736. How many children were born after your wife got leprosy?—Four; two of those are alive. *Jan Arnoldus.* April 9th, 1894.

9737. *Dr. Hoffman.*] How did your wife contract the disease?—She went out on a wet day to get wood, and then she drank water, and about a couple of months afterwards spots appeared on her arms.

9738. How many brothers and sisters has she?—Three sisters and two brothers; they are all healthy.

9739. Was leprosy ever in her family?—No: her father and mother were healthy.

9740. Are there other lepers at Stellenbosch?—I cannot say.

9741. Are there any in the immediate neighbourhood where you live?—No.

9742. Has your wife any distant relatives at all affected with leprosy?—No.

9743. *Dr. Dodds.*] Has your wife any sores?—No.

9744. *Dr. Herman.*] Do you pay anything for your wife being on the island?—No.

Dr. Murray *attended and took the chair.*

Dora Hendriks examined.

9745. *Chairman.*] Are you the mother-in-law of the last witness?—Yes. *Dora Hendriks.*

9746. How old was your daughter when she got the leprosy?—She got it after her fourth child was born. She was pregnant when it first broke out; there was an eruption of the arm, and she went to Dr. Neethling who said he could not tell what it was, he said it did not look like leprosy.

9747. Have you any lepers among your friends?—No; but there was a leper man next door to where my daughter lived. I cannot say how old he was.

9748. Have you any complaints to make?—My daughter is very dissatisfied, and wants to return home.

9749. Is the food she gets good?—Not so good as formerly. In the ward where my daughter is they are very rough and disorderly, and everything is so dirty. The food also is not good. I have been there at dinner time, and have remained while they were eating.

9750. Is not the food properly prepared?—No; the meat is dirty, I have tasted it, it wants salt, and the cabbage is hard.

9751. Do you take your own food with you when you go?—Yes.

9752. Do you give your daughter food?—Yes, twice a week I send her food.

9753. Have you any complaints to make about the doctors, nurses or attendants?—No.

9754. Do you know of any immorality going on on the island?—I cannot say, but the island is not what it was formerly.

Frederick Schwerin examined.

9755. *Chairman.*] Where do you live?—In Cape Town. *Frederick Schwerin.*

9756. Have you been employed on Robben Island?—Yes, I was there for a little over fifteen months, from November, 1892.

9757. When did you leave?—On the 9th of February, 1894.

9758. In what capacity were you employed?—As a workman in the Public Works department.

9759. During the time you were there did you see much drunkenness among the officials or among the attendants, or anybody else?—Yes, sometimes the attendants at the leper wards were drunk.

9760. Was that during the time they were on duty?—I cannot say that.

Frederick Schwarzin.
April 9th, 1894

9761. How came you to see them ?—I was at the restaurant myself in the evening.

9762. What hours was it opened ?—From twelve to one in the day time and from seven to nine at night.

9763. Could people obtain what drink they liked in the evening ?—Yes, if they paid for it.

9764. Who kept the restaurant when you were there ?—Mr. Tappe.

9765. Who else did you see drunk besides the leper attendants ?——— and ———.

9766. Did you see that frequently ?—Only once or twice.

9767. Did you ever see any of the officials drinking during the day time ?—I cannot say that.

9768. Did you ever see any disturbance or fighting going on ?—Yes, between ——— and ———, in the restaurant.

9769. Did they come before the magistrate afterwards ?—No. There was also a disturbance between ——— and ———; that case was dismissed by the magistrate.

9770. During the time that you were on the island was the discipline good generally speaking, as far as you could see ?—It was all right during the day time.

9771. What was the last occasion when you saw———drunk ?—I cannot say.

9772. Did you live on the island ?—Yes; my family was there and I had my own quarters.

9773. *Dr. Hoffman.*] Are cases of drunkenness of frequent occurrence on the island ?—On Saturdays after the men have been paid.

9774. *Dr. Herman.*] Are you at present employed in the Public Works department ?—No. I have left. Those are my testimonials (produced).

9775. *Dr. Dodds.*] Did the men often get drink out of hours ?—Yes, it was done on the sly.

9776. Did they take the drink out of the bar ?—Yes, sometimes.

9777. Was it comparatively easy to get whatever they wanted ?—Yes; it was done on the sly. The liquor was buried in the sand outside sometimes.

9778. What became of that ?—Somebody looked after it, and they drank it at home.

Cape Town, Thursday, April 12th, 1894.

PRESENT.

DR. MURRAY *(Chairman)*,

Dr. Dodds, | Dr. Herman.
,, Fismer, |

Mr. E. M. Jackson examined.

Mr. E. M. Jackson.
April 12th, 1894

9779. *Chairman.*] What is your official capacity ?---I am chief clerk in the convict branch of the Attorney-General's office.

9780. With regard to the convict establishment on Robben Island, what class of convicts are sent there ?---Principally Kafirs to do the rough work. Lately they have been going in extensively for building operations, and as far as possible we have sent skilled mechanics over.

9781. Are there any convicts on the island with life sentences ?---There have been undoubtedly, but I do not think there are any now.

9782. Are the convicts left on the island for an indefinite time or do fresh gangs go over from time to time ?---They serve out their term of sentence

on the island; they do not come back to the mainland unless the doctor reports them sick and unfit for work, then we bring them back to the breakwater hospital.

9783. Have there been any cases where convicts have become lepers?---Yes; since the Leprosy Repression Act was promulgated there have been 24 criminal lepers.

9784. Does it appear how they contracted leprosy?---I do not think so.

9785. How was it discovered that they had leprosy?---The medical man in charge is bound under the regulations to report any infectious disease.

9786. How would the fact of a convict being a leper affect his sentence?—That is rather a difficult matter. Practically the sentence is remitted, because the man is dealt with under the Leprosy Act and sent over to Robben Island, but every case is judged on its own merits by the Attorney-General himself. Fortunately no serious crime has been committed by any of the leper convicts, otherwise it might be a very awkward thing,—take a case of murder for instance. The Attorney-General I may say has made up his mind to ask Parliament for a proper prison for the accommodation of criminal lepers on the island; the money is on the estimates for the purpose and an understanding has been come to with the Colonial Secretary. Nothing of course will be done unless Parliament votes the money, but I do not anticipate any difficulty with regard to it.

9787. *Dr. Dodds.*] Would that be in the leper establishment?—Yes; the plans have all been gone into by Dr. Impey.

9788. *Chairman.*] As matters stand now have you any reason to think there are any dangerous characters among the leper convicts?--No; it is a curious thing they are all in for theft. I cannot say what would be done if one of these leper convicts was convicted of any serious offence.

9789. *Dr. Herman.*] Can you furnish the Commission with a return of the offences and the terms of sentence?—Yes. There is an arrangement with the Colonial Office, and the convicts who have the disease are sent over to the island and dealt with the same as any other lepers. The Attorney-General goes into every case personally.

9790. Do you think there is any risk of the leper convicts of a certain type being difficult to manage and creating a disturbance?—I do not think so.

9791. You do not think that there is any risk that this class of men might intrigue with the other lepers to create a disturbance or rebellion?—No.

9792. Do you not think they might combine to effect their escape?—No; I do not think so, if they are properly handled. All the criminal lepers belong to the native class; they are not Europeans. Europeans would be more likely to rebel. My experience is that if properly handled, and if you have good officers, the native convicts do not give trouble.

9793. I take it that you look at the subject simply from a convict point of view?—Yes.

9794. What proportion of European convicts is there to the 100 convicts on the island?—I cannot say from memory. There are, I believe, at least 40 or 50 natives employed on the beach work; there would not be more than 25 Europeans I should say altogether to 75 natives. They are all good conduct men.

9795. Do you regard Robben Island as a privileged station?—No; not at all, a good many of the men are employed on very disagreeable work, they do all the sanitary work at the leper wards, and for that we give them a special allowance of coffee.

9796. Do you give them any other special allowances or privileges?—If they behave well they get a money allowance when they are discharged, at the rate of twopence a day.

9797. Do you consider these convicts who attend to the sanitary work at the leper wards are exposed to any kind of risk in the performance of their

Mr. *E. M. Jackson.* — April 12th, 1894.

duties?---There has never been a case of disease contracted up to the present time.

9798. What is the longest period that a convict has been on Robben Island?—Some three or four years ago there were life sentence men there, but they were withdrawn. At present there are seven convicts with life sentences.

9799. Can you give us the number of men who have been in contact with the lepers by attending to the sanitary work, cleaning the wards, and so on?—Yes.

9800. You say none of these men have become affected with leprosy?—No; there has not been a single case.

9801. What would be the longest period that any of these men have been employed on sanitary work?—I cannot say from memory.

9802. Are any precautions taken by the convicts, from a medical point of view?—Not that I am aware of; it is a remarkably healthy station, I may say.

9803. How many guards have you to take care of the convicts?—Fourteen.

9804. Is that the usual proportion, or above it?—It is above it. One guard to ten convicts is generally the proportion.

9805. Do the convicts require any special guarding on Robben Island; is there more danger of escaping?—No; they cannot escape.

9806. Is there any danger of their becoming a centre of disaffection which might lead to an outbreak?—Not the slightest, unless of course everything is scandalously lax: the convicts are always under guard.

9807. The moment that a criminal leper passes out of the hands of your department, his punishment is relaxed entirely, is it not?—Practically that is so.

9808. Does the man become entirely free?—Yes, except in so far as he is segregated under the Leprosy Repression Act.

9809. Can you force him to work?—No; he would be certified as unfit for hard labour simply because he was a leper.

9810. Do you think it a good thing to allow a criminal, even although he be a leper to be dealt with in such a way?—It is a very difficult question.

9811. To your knowledge has it at all added to the difficulty of managing the Robben Island institution?—I do not think so.

9812. Do you favour the formation of a special ward for leper criminals? ---The Attorney-General has approved of it; we are only awaiting the provision of the funds.

9813. Do you think it is possible to have an establishment such as that in the immediate vicinity of the leper asylum without being a menace to the general character of the institution?—It would be no menace at all; the convicts would be kept in a separate ward, practically a prison, and subjected to prison discipline. It would prevent what happens now, the remission of the sentence.

9814. Would you not rather be in favour of a subsidiary asylum, where such a class under punishment could be dealt with separately?—I take it that when this new prison is built on the island they will be dealt with separately.

9815. If it is in the same neighbourhood and under the same management as the leper asylum it could hardly be a separate institution, could it? —We should make it separate: it would be constituted a prison by the Attorney-General's orders and there would be a proper gaoler or warder, and we should be able to punish a man if he committed any offence: we could put him on spare diet, for instance.

9816. Could you classify an establishment of that nature in conformity with the general convict regulations?—Yes.

9817. Would you have Europeans, natives, and males and females separate?—Yes; they would be kept distinct.

9818. *Dr. Dodds.*] I suppose the plans will be submitted to the Colonial Office before the building is gone on with?—They have already been approved by Dr. Impey and the inspector of prisons jointly. I believe Dr. Impey drew them himself.

9819. *Dr. Herman.*] How were these convicts found out to be lepers?—The moment they were arrested they came under the inspection of the medical officer, who is generally the district surgeon, and he is bound to report such cases under the Act.

9820. How would they determine a case of leprosy if it was in the early stage?—That I cannot say. In three or four cases where the district surgeon certified and reported, the men were found subsequently not to be lepers.

9821. Did you undertake any further examination before transferring them?—No; we throw the onus on the medical officer under the Act.

9822. Would it not save the country a good deal of money if you had a second opinion?—It might be that you could not get a second opinion; these cases were in the Transkei.

9823. What was done before the promulgation of the Act?—I do not remember any case of leprosy among the convicts before then.

9824. *Dr. Dodds.*] Were there not any lepers among the convicts then?—No: they could not get on to the convict station if they were lepers; they would not leave the prison if they suffered from any contagious disease.

9825. *Dr. Herman.*] How do you account for some 24 cases cropping up the moment the Act was promulgated?—I cannot account for it.

9826. Have these leper convicts come from any particular districts?—No, various districts. There were several cases of scurvy before the promulgation of the Act; that was always certified by the medical officer at the different stations. That was owing to the diet, which was altered; they get a very liberal vegetable diet now.

9827. Can you tell us whether any cases have occurred of leprosy breaking out among convicts who have been under sentence for some time: men who were passed in as healthy and have developed the disease?—There have been four cases. Particulars can be furnished.

9828. I gather that in all cases the convicts are carefully examined?—Yes; we are very particular on the point.

9829. *Dr. Dodds.*] If a leper committed a murder and was sentenced to be hanged, would the sentence be carried out?—I cannot say. The decision rests with His Excellency the Governor.

9830. Can you give us any information about the punishment that should be inflicted upon lepers who are not criminals, but who break the Police Offences Act and disregard the regulations?—There is a magistrate on the island.

9831. Do you think such offenders should be sent to the gaol which it is proposed to build?—I take it that the magistrate on the island would sentence them to the lock-up; as a matter of fact there is a lock-up there now.

9832. Is it under your control?—No.

9833. We heard of three leper patients who were arrested after a disturbance and put in the lock-up; is that the general lock-up for the island?—Yes.

9834. How would you proceed if it was necessary to keep these men in prison for some time and there were other prisoners there; would you keep them all together?—I do not think we should.

9835. The occasion has not arisen, has it?—No; the lock-up was erected to meet the leper difficulty.

9836. Do you think it would be better to have a separate lock-up?—Yes.

9837. Do you think it is a good thing for the magistrate to have not

Mr. E. M. Jackson. — April 12th, 1894.

only magisterial functions but also to act as assistant superintendent on the island?—No.

9838. *Dr. Herman.*] Have you found any difficulty from the dual control which apparently exists, certain officials being under the Law Department and others under the Colonial Secretary's Department?—That cannot be helped; as long as you have a convict station on the island it must be under the control of the Attorney General.

9839. Can you in your return let us know what crimes have been committed on the island by convicts; we heard of a case which happened some years ago when a convict broke into the female leper compound at night?—I know the circumstances of that case. He did not break into the compound at night.

9840. Is the proportion of offences committed by convicts large?—No, very small.

9841. Was that a solitary instance where a convict succeeded in getting into the female leper compound?—Yes, I believe so.

9842. Would it not be better if the convicts were removed from the island?—If they were I do not know how they would get the sanitary work done.

9843. What year was the outbreak of typhoid fever among the convicts?—Three or four years ago. I think there were two outbreaks.

9844. Was the cause of it discovered?—I account for it through overcrowding. I went over and held an enquiry, and after that the number of the convicts was reduced and the accommodation at the station increased, and we have not had any case since.

9845. How many cases were there?—Four I think. They were all in the same room and the patients were lying next to one another.

9846. Was the water supply good?—It was the ordinary water supply; we had it analysed and condemned.

9847. They did not get Cape Town water, did they?—Not at that time.

9848. Dr. Impey told us that he thought the outbreak of typhoid was due to the use of Cape Town water, but what you say would entirely exclude that view, would it not?—I think so.

9849. *Chairman.*] Is a copy of the enquiry which you made available?—Yes. I went into the matter with Dr. Todd on the spot, and my own impression was that in years gone by they were very careless about the sanitation.

9850. *Dr. Dodds.*] Is Cape Town water still sent over to the island?—I am not certain; I know we sent over some tanks.

9851. *Dr. Herman.*] Was it at night that the convict got into the female leper compound?—It was in the day time.

9852. I believe there are two classes of guards on the island, are there not, convict and leper guards?—Yes. Practically they are all the same; the leper guards are under our discipline, and we recover their pay from the Colonial Office.

9853. Do they wear the same uniform, and are they under the same control?—Yes, they are under the control of the superintendent of the convict station.

9854. Are the guards all armed?—I do not think so, the arms are there.

9855. What arms do you supply?—Revolvers.

9856. Do they all carry revolvers?—I am certain the convict guards do.

9857. Is that an instruction?—It is part of their equipment.

9858. Do you think the leper guards should carry revolvers while on duty?—We have never given any instructions with regard to the leper guards: that would be a matter for the superintendent to settle. If he thought it necessary he would instruct the overseer to issue them; if not, he would say that it was not advisable. It is a matter that he need not report to us about at all.

9859. Are you in a position to give any opinion upon the subject?—No.

If the matter came under our notice at all we should ask the superintendent and hold him responsible for his advice. A man in his position must have supreme control over his subordinates.

9860. Would you think it advisable to shoot a leper if he tried to escape ?—No : I think it would be rather dangerous for the constable who did it; special legislation would be required.

9861. Cannot the guard shoot a convict if he tries to escape ?—Certainly, but that is provided for under the Act.

9862. If he killed the man would he be liable to punishment ?—No, not if the convict was escaping; there is a special provision for that.

9863. If a guard shot a leper who was escaping, would he be liable to be tried for murder ?—I think he would.

9864. Is it not dangerous, therefore, to issue revolvers to the leper guards ?—If they are not to use them it seems absurd to issue them.

9865. Why do you issue them ?—It has never come under our notice in any way. We should hold the superintendent responsible.

9866. Are not these men under the control of your department ?—Yes.

9867. Have you issued any instructions as to the circumstances under which the revolvers are to be used ?—No.

9868. Do any such instructions exist ?—No.

9869. When the Cape Town police are armed with revolvers or swords, are they not specially instructed as to when and under what circumstances they are to use them ?—They have their own code of instructions.

9870. *Dr. Dodds.*] The police in Cape Town are not armed, are they ?—No.

9871. In the matter of guarding the lepers they have really been treated as convicts, have they not ?—Personally I do not know much about the leper guards. As a matter of fact we simply enrol them to oblige the Colonial Secretary, and the Colonial Secretary's department pays for them.

9872. *Chairman.*] Their control is left entirely to the magistrate, is it not ?—Yes.

9873. Can he draw up certain rules for arming the guards ?—Rifles or revolvers form part of the equipment of the guards, and it is for the superintendent on the island to say whether or not it is necesary for them to carry arms. It is a matter that has not come under my notice at all. We should hold Mr. Jones, the magistrate, responsible.

9874. *Dr. Herman.*] Suppose to-morrow the lepers were to rise in a sort of rebellion, and the leper guards were called out and armed with revolvers, would it be right for the magistrate to give orders to fire on those people ?—If he did so, he would do it at his own risk.

9875. We have it in evidence that not long ago a riot took place on the island in connection with the meat, when revolvers were drawn and the men were threatened to be shot; should you consider such a proceeding advisable ?—I think it would be preferable to arm the guards with police batons; there hardly seems to be the necessity for revolvers.

9876. Do you not think it a most dangerous thing to place revolvers in the hands of men who might be induced to use them ?—I should think it was not advisable to issue revolvers under the circumstances.

9877. Do you make any enquiry in a case where the leper guards draw their revolvers upon the lepers ? —No; it is no concern of ours.

9878. *Dr. Dodds.*] Could the police in Cape Town be armed with revolvers by order of the superintendent of police ?—Yes.

9879. *Dr. Herman.*] The Riot Act must be read previous to firing, must it not ?—Yes. Personally I do not think it advisable to arm the leper guards with revolvers; they may get excited. I may say that the convict discipline is very good, so good, in fact, that I think we could rely upon the convicts putting down a riot.

9880. *Dr. Dodds.*] In case of emergency I suppose the leper guards could run to the guard-house for arms, could they not ?—Yes.

Cape Town, Monday, April 16th, 1894.

PRESENT:

DR. MURRAY *(Chairman)*,
Dr. Fismer, | Dr. Herman.
,, Dodds, |

Mrs. Johanna Regensburg further examined.

Mrs. *J. Regensburg.* — April 16th. 1894.

9881. *Chairman*]. Is this your letter (produced)?—Yes.

9882. Did you write it?—No; a friend wrote it for me.

9883. In it you say you wish to make some statements in addition to what you have already said, and you say you think you could take better care of your daughter if she was at home?—Yes.

9884. In what way?—I would look after her better and feed her better.

9885. Do you not think she is well fed on the island?—No.

9886. How do you know that?—Mrs. Jansen was last week on the island and she told her; she is frightened to tell me anything. They do not treat her well over there.

9887. In what way?—She cannot eat the food she gets; she is very weak and helpless and cannot walk.

9888. You say in your letter that she was given raw sago; is that so?—Yes. Mrs. Dill, the matron, brought her raw sago; not boiled at all.

9889. What day was that?—I cannot say.

9890. Did she have raw sago more than once?—Only once.

9891. Do they not give her soup?--No. She only gets the same food as the others and she is very weak and sick.

9892. Does she get milk, eggs, or jelly?---She gets milk and ginger-beer with a little drop of brandy in it.

9893. Have you seen strangers eating with the lepers?---Yes; I saw a man sitting at the same table and eating the same food.

9894. Were the same knives, forks, and spoons used?---That I cannot say. I saw the cloth put on the table and the man ate some of the food.

9895. Did you see that more than once?---On three different occasions.

9896. Do you think strangers from the mainland often come over and eat with the lepers?—That I cannot say.

9897. If you had wished to sit down at the table could you have done so?--Yes.

9898. When the patients are at meals is there any nurse or anyone else present to help them?—No. Sometimes when I go over I never see a nurse.

9899. Can your daughter feed herself?—Yes, a little; she can use her hands but not her legs; her eyes also are very weak.

9900. Do you think you would be able to segregate her better at home?—Yes.

9901. Would you let her own friends eat with her or would you eat with her yourself?—No. I would give her the best room I have to herself if I could only get her home.

9902. Do you know of any visitors who have stayed on the island from one boat day to another?—I have heard that one woman from George Town stayed eight days on the island.

9903. You state in your letter that one of the female patients has made dresses for the children of a Malay person on the mainland; is that so?---Yes.

9904. How do you know?---I was told so by one of the patients.

9905. Does she sell her clothing?---I think she does it for nothing.

9906. Does she still make clothing?---I cannot say. I saw her making clothes once.

Mrs. J. Regonsburg. — April 16th, 1894.

9907. Did you ask her who the clothes were for?---She said she made clothes for children on the mainland.

9908. Did she say whether they were her own children or other people's?---No.

9909. Are there any other remarks you wish to make?---No, except that my daughter does not get proper food or nursing. I never see a nurse when I go there.

9910. Do you mean a leper nurse or a healthy nurse?---A healthy nurse.

9911. How often do you go to the island?---Once a fortnight. My husband goes one week and I go one week. I get a pass.

9912. *Dr. Dodds.*] If Mrs. Pavel was matron on the island would you be willing for your daughter to remain?---Yes. Mrs. Pavel treated her very well, and I never got a complaint.

9913. I understand your chief complaint is that the nursing is not very good?---No, it is not good.

9914. Have you ever made any complaints to Mrs. Dill that have not been taken notice of?---No; but my daughter is so frightened to say anything.

9915. *Chairman.*] Why is your daughter afraid to say anything to Mrs. Dill?—I do not know; perhaps it is that she is afraid she will be treated badly when I go away.

9916. *Dr. Fismer.*] Do you know Mrs. Pavel personally?—Yes.

9917. Did she tell you that she would like to return to the island?—No.

9918. How long has your daughter been on the island?—A year and six months, I think. I had her for six years in my house, and then they came and took her away, which I thought was very hard.

9919. *Chairman.*] Does your daughter do any needlework?—No.

Mrs. M. Rossouw examined.

Mrs. M. Rossouw.

9920. *Chairman.*] Have you a sister on Robben Island?—Yes; her name is Gertrude Gilian.

9921. What part do you come from?—From the Wynberg Flats, Klipfontein. My father's name is Willem Gilian.

9922. Is your sister well treated?—Sometimes she cannot eat the food.

9923. Is it bad?—There is such a small quantity, and it is not prepared nicely.

9924. Does your sister get medicine?—No.

9925. How long has your sister been on the island?—Over a year.

9926. Has she complained to you at all?—Yes; my mother says she wants her back, as she can look after her very well herself.

9927. How often do you see your sister?—My mother went to the island last week. I have been there also.

9928. Was she badly treated, as far as you could see; had she enough clothes?—My mother gives her clothes.

9929. Cannot she get clothes on the island?—Yes; but she does not take them; my mother sends her clothes and also food.

9930. How often is that?—Every fortnight she sends food: meat, butter, and bread. My sister says she thinks that if it were not for that she would not be alive.

9931. Does she complain at all of the nurses?—The present one treats her well, but one of the previous ones did not.

9932. Is she disturbed at all by any fighting or quarrelling on the part of the other patients?—No, she does not complain of that.

9933. You say she gets no medicine?—She got it once, but she said it did her more harm than good; she did not care for it.

9934. How did your sister get leprosy?—She used to wash things at home in hot water, and afterwards in cold water, and then the disease commenced in her hand.

Mrs. M. Rossouw. — April 16th, 1894.

9935. How long ago is it since she first began to be ill?—About three years ago.

9936. Were there any other people living near you who had leprosy?—No one that I know of; my mother's house is a good way from any others.

9937. Are there any other members of your family sick in the same way?—No; my sister is the only one who has the disease.

9938. Used your sister always to live at home, or did she stay anywhere with friends?—She was never away from the house.

9939. Did she never at any time go and live with people who might have had the complaint?—No.

9940. Are your father and mother quite well?—Yes, and also my other relatives.

9941. Was you grandfather healthy?—I have not heard my mother say anything to the contrary. He is dead, and my mother's father also.

9942. How long has your family lived in your present house on the Flats?—I was a little girl when my mother went there.

9943. Before that where did you live?—Higher up on the Flats.

9944. *Dr. Dodds.*] Is there nobody in your neighbourhood that you know of who has had leprosy?—No. I have seen persons at Kuil's River with their faces swollen.

9945. *Chairman.*] How far is Kuil's River from Klipfontein?—About 2½ hours.

9946. Did your sister ever go over there?—No; she was always at home. I used to go about, but I am quite healthy.

9947. *Dr. Fismer.*] Who lived in your house before you went there?—My aunt lived there before; she built it, and sold it to my father, and she went to live at Sir Lowry's Pass.

9948. *Chairman.*] Are there people at Kuil's River with leprosy?—They have gone to Robben Island.

9949. Did they ever visit you?—No.

9950. Did your father have any business dealings with these people, and go often to see them?—No; not that I know of.

9951. Where did your father generally buy his things?—At Mowbray.

9952. *Dr. Fismer.*] Have you been to any house where there were lepers, or have you only seen them in the street?—I have only seen them in the street.

9953. *Chairman.*] Does your sister on the island feel strong and well?—Yes.

Robben Island, Wednesday, April 18th, 1894.

PRESENT:

Dr. Murray, | Dr. Dodds.

Dr. Impey further examined.

Dr. S. P. Impey. — April 18th, 1894.

9954. *Dr. Murray.*] I understand that there are certain books on the island relating to kit and equipment, which the Commission desire to inspect, can you furnish them?—Yes, some of them are at the leper wards and abstracts are sent to my office. I am just having a new set of books opened (explaining same).

9955. What do you do with the old clothing?—As soon as an article is unfit for use we condemn it.

9956. *Dr. Dodds.*] Does a patient get so many suits a year?—We give the patients two suits to start with and when the articles are condemned we issue new. Perhaps a patient only remains on the island for three or four months, and in that case his clothes must be used by somebody else.

9957. What do you do with the old clothes?—They are inspected either by myself or Dr. Todd, and if they are unfit for use they are condemned and burnt.

Nita Oranje further examined.

Nita Oranje.

April 18th, 1894.

9958. *Dr. Murray.*] Is your husband living on the island?—Yes; he is a patient in the male leper ward No. 4.

9959. Does he always get enough to eat?—No; there is food but he cannot eat it as his teeth are so bad and also his tongue; he could eat the meat if it was soft, but sometimes it is very hard.

9960. Did he come to you one day and say he was very sick?—Yes, last month, he said he could not eat the food.

9961. Did he fall down?—No.

9962. Had he been without food?—He got food but he could not eat it.

Mrs. Dill further examined.

Mrs. Di

9963. *Dr. Murray.*] Do you keep a book containing a list of stores issued?—Yes (produced). I send returns to the office every month, that is a book showing the condemned articles and that is the receipt book (produced); everything I receive from the store is entered there.

9964. What other books do you keep?---A list of the patients showing when they arrive and other particulars, and a pay book for the working patients; also a return showing the permits issued to the patients, a requisition book and a medical extra book.

9965. *Dr. Dodds.*] Do you ever requisition for stores without getting them?---Not as long as I have been here. I always get what I requisition for.

9966. *Dr. Murray.*] Does the doctor inspect the condemned articles?—Yes.

9967. *Dr. Dodds.*] How often do you take stock?---Every month.

9968. Are you ever troubled by anyone coming at night to the compound?---No. I go round every night to look about the wells and other places.

9969. Do men ever hide in the wells?—I have not known it.

9970. Why do you look there?—We were told that there was a Kafir about and we thought perhaps he might hide there.

Susan Abbott examined.

Susan Abbott

9971. *Dr. Murray.*] Are you a female patient?—Yes. I come from Zambeziland.

9972. Are there many lepers up there?—No; I know of none.

9973. How did you get the disease?—God gave it to me. I was twelve years old when I came to Cape Town. I was in service with Mr. * * * * * *

Dora Hendriks further examined.

Dora Hendriks.

9974. *Dr. Murray.*] Are you a visitor to the island?—Yes, I have come to see my daughter.

9975. When you come do you get a pass?—Once a month I get a free pass; if I come at other times I have to pay two shillings.

Katrina Schmal examined.

Katrina Schmal.

9976. *Dr. Murray.*] Are you a female leper patient?—Yes.

9977. Have you a healthy child with you?—Yes, it is one year and eight months old.

9978. How long has the child been here?—Six months.

9979. Would you be willing to let it go to the mainland?—Yes, on account of the risk.

Mr. K.——— April 18th, 1891.

Mr. K.——— further examined.

9980. *Dr. Murray.*] Have you any complaints to make ?—Only that I want to leave the island. I wish to say that when I was in England I saw Dr. Hutchinson, Dr. Hunter, and the doctor of the City Road Hospital, and they all assured me that I could safely go home and live as I did before without any danger to my family. I was also under the treatment of Dr. Liveing, who gave me chaulmoogra oil. I told him that I had a wife and ten children who were well and healthy. He also said I could go home. It is very hard for me to stay here when I have not had a sore on my body for over eleven years.

9981. Have you the doctor's certificates ?—Yes ; I put them away carefully somewhere before I came to the island. I would be willing to comply with any regulations on the mainland if I could go to my own home and keep myself quite isolated. My place here is not very comfortable. The winter is coming on and there is no fire place, and the rooms are very draughty ; it is simply killing me to stop here.

9982. *Dr. Dodds.*] Have you asked for a fire place ?—Yes, several times. Last year Dr. Impey promised to build on a small room as a kitchen.

Mr. Fitch further examined.

Mr *W. A. Fitch.*

9983. *Dr. Murray.*] Do you keep certain kit and equipment books in connection with the male leper patients ?—Yes (explaining the books.)

9984. Have you any book showing the stores you have on hand ?—Not at present.

9985. Where is that kept ?—At the office I think ; they have copies of all my requisitions there. Last year we commenced to keep the books correctly. I began on separate loose sheets.

9986. When was it you took charge here ?—On the 4th December, 1889.

9987. What books did you find then ?—I found no books at all.

9988. Did you initiate the present system ?—Yes. I had no books given me.

9989. Have you kept the books always since you came here up to the present time ?—Yes ; no one else has kept them.

9990. *Dr. Dodds.*] Have you a kit and equipment clerk ?—Yes ; there is an attendant who helps me when he can. I have applied for an assistant.

9991. Did Mr. Pavel have anything to do with you ?—No. I used to send in a return to him ; he had an office opposite the restaurant.

9992. What was the routine with regard to the issue of clothing at that time ?—I issued the clothing every Thursday morning. If there was anything to be condemned it was brought to me and I looked it over and re-issued if I had the article in stock, if not, I made a memorandum in a separate book and supplied it when it came into the store. At the end of the month I sent in a return to Mr. Pavel for entry in the kit book, which I believe is kept at the office.

9993. Did he make the entries from your returns ?—Yes.

9994. Where is the book he entered into ?—I believe it is at the office.

9995. Have you a special day for condemning clothing ?—Yes, every Thursday I issue and condemn.

9996. Before 1893 was the book-keeping perfect ?—No ; there were many omissions. I was not able to overtake the work as the patients came in such large batches.

Franz Pinto examined.

Franz Pinto.

9997. *Dr. Murray.*] Are you a male leper patient ?—Yes.

9998. What part do you come from ?—From Klipfontein, near Wynberg.

9999. How long have you been here?—I came here on the 4th of February, last year. *Franz Pinto.* April 18th, 1894.

10000. Before you came here did you have the small-pox?—Yes; in 1882 when so many people had it. Before that I had a sore place on the calf of my leg. I vaccinated my sister from this place but she did not get any disease.

10001. How came you to vaccinate your sister?—I thought she would not get any disease if I did it. That was a month before I got the small-pox.

10002. Had you leprosy at that time?—I only had that sore at the back of my leg. I used a needle and the blood came when I did the vaccination on my sister's arm. Her arm swelled up and she got quite well afterwards.

10003. She did not get leprosy?—No; nor small-pox. After I had the small-pox my face got very bad. Dr. Bosenberg saw my sister's arm and said I had vaccinated her very well.

10004. Was your face at all affected when you vaccinated your sister?—No: only my leg was sore.

10005. What is your sister's name?—Johanna Pinto. She lives at Harmer's Kraal, near Durban Road Station.

Jan Oranje examined

10006. *Dr. Murray.*] How long have you been a patient here?—I came here on the 15th of March last year from Hertzog in the Stockenstroom district. *Jan Oranje.*

10007. How old are you?—Over seventy.

10008. Are you able to eat your food?—Not very well; my teeth are bad.

10009. Do you get milk?—Yes, and soup.

10010. Is the food good?—Sometimes it is and sometimes not; the meat is hard, I can eat the bread.

10011. Are you the husband of Nita Oranje, a female patient?—Yes.

10012. Do you get enough milk and soup?—I would like more.

10013. How many children have you?—Six.

10014. Are they all healthy?—Yes.

10015. *Dr. Dodds.*] Have you ever had to go without food because you could not take it?—No.

10016. Do you know that you can speak to the doctor or to Mr. Fitch if anything is wrong?—Yes, there is a man who specially looks after me.

Cape Town, April 20th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Fismer.
,, Dodds, |

Dora Hendriks further examined.

10017. *Chairman.*] Did you go over to the island on Wednesday last as a visitor?—Yes; I went to visit my daughter. *Dora Hendriks.* April 20th, 1894.

10018. Did she make any complaints to you?—She said the food was not nice; there was only rice and meat for dinner, no vegetables.

10019. Is it often like that?—No; I have never seen it so before.

10020. What do the patients get on other days?—They get meat, potatoes, and cabbage.

Dora Hendriks.
April 20th, 1894.

10021. How often do you go over to the island?—Once a month generally.

10022. Have any of the other patients complained to you?—Yes; one of them said she only had a piece of pluck.

10023. Did the matron, Mrs. Dill, say anything to you on Wednesday?—She said she did not know the Commission were coming over that day and asked why I did not tell her. I said I did not know the gentlemen.

10024. Did you take over two little children with you?—Yes to see their mother.

10025. Do you take them over once a month?—Yes.

10026. Does their mother give them any food?—No. I take over food.

10027. Does she kiss them?—Yes.

10028. Has she any sores at present?—No.

10029. How long has your daughter been on the island?—Over a year.

10030. Is she the only leper in the family?—Yes: she lived with my father in the same house with me. My father is dead.

10031. How did your daughter get leprosy?—I think she got it through a cold.

10032. Did your daughter mix with any leprous people at all?—No; she never came in contact with anyone.

10033. *Dr. Dodds.*] Did any lepers live near you?—No.

Rev. Peter Minnaar examined.

Rev. *Peter Minnaar.*

10034. *Chairman.*] Are you a minister of the Dutch Reformed Church?—Yes.

10035. Where do you live?---In Cape Town.

10036. Have you held any appointment on Robben island?---No, but I have gone there occasionally as a visitor. I know Mr. L * * * and Mr. K * * * * personally.

10037. How long is it since you visited the island?---Four or five months.

10038. Do you go there very often?—No.

10039. For how long have you been visiting the island?—Two and a half years about.

10040. Have the patients complained to you at all?—Yes. Mr. K * * * * is blind, and he complained that he had nobody to lead him about for exercise.

10041. Did he complain about anything else?—Mr. L * * * said that some of the officials did not behave themselves properly; he did not give me the names.

10042. In what way did they not behave themselves?—By drinking too much. He also said that some of the attendants were not kind to the lepers, that they were too rough.

10043. Have you ever seen any of the officials drunk yourself?—No.

13044. Have you spoken to any of the other male patients?---Yes; I know Mr. P————. I saw his wife at the Paarl. He complained that he had not blankets enough to keep him warm at night. Some friends at the Paarl sent him some.

10045. Did he say why that was; had he asked for them?---Yes, but he could not get them he said.

10046. Did he complain of roughness on the part of the attendants?---No.

10047. Did he mention the names of any of the officials who were drunk?---No.

10048. Did you hear any other complaints?---They complained about the clergyman of the English Church, the Rev. Mr. Watkins; they said he

got up a petition for his own people praying for their release and I have heard that he gave out that nothing was done for the members of the Dutch Reformed Church, and this gave rise to disaffection. Some of the patients seemed to be impressed with the idea that the Dutch Reformed Church was the cause of their detention on the island and, therefore, they did not care to attend.

10049. Who told you that?—Mr. L * * * and Mr. K * * * *.

10050. Have you seen any petition?—No. Some of the patients complain that the Dutch Reformed Church does not do anything towards getting them removed.

10051. Have you been to the island on ordinary visiting days?—Yes. I think there is too much familiarity between the visitors and the patients. I remember seeing one very bad case, and some children who went over were all sitting on the bed.

10052. Have you ever seen any of the patients sharing their food with the visitors?—No.

10053. Have you ever seen any of the visitors sitting and eating with the patients?—No.

10054. Have you ever observed any immorality on the island?—No. Mr. L * * * told me that he was certain that immorality went on.

10055. Did you attach any importance to the statement that the Dutch Reformed Church did nothing for the patients?—Yes; that is why they are not attending the church; it makes the people restless and discontented. They do not like the idea of the Dutch Reformed Church being built there, as they think it means that they are always to remain on the island.

10056. Have you any suggestions to make for the amelioration of the condition of the leper patients?—I think the impression should be removed that the Dutch Reformed Church is in any way opposed to the interests of the patients. The Rev. Mr. Morgan, the minister, gets a very poor attendance. There were about 80 at the commencement and now there are very few.

10057. Is the attendance much larger at Mr. Watkins' services?—Yes, much larger. There is an impression that he is proselytizing on the island. Many persons who really belong to the Dutch Reformed Church when they go to the island cease to attend the services owing to these reports that are spread about. I should say it is done out of spite.

10058. Have you ever spoken to Mr. Watkins about it?—No.

10059. Has anyone in the Dutch Church spoken to him about it?—No.

10060. Do you know for whom the petition was intended?—I should say for Parliament. It was about the time when Parliament was in session.

10061. Do you know if anybody signed it?—I believe so. Mr. L * * * and Mr. K * * * * did, and some of the other white patients.

10062. Apart from this, do you think the lepers are well cared for on the island?—Mr. L * * * and Mr. K * * * * have complained about the food; the latter thinks that as he is a paying patient he ought to have some one to lead him about, and the former is of opinion that there is too much familiarity between the visitors and the patients.

10063. In that respect you think segregation is not properly carried out?—Just so. He told me that when he was on his farm he kept separate from the rest of his family; he would not even shake hands with them; and he asked what was the use of his being segregated on the island when there was so much intercourse allowed with people from the mainland.

10064. *Dr. Dodds.*] Do you know anything about leprosy on the mainland?—Yes; there is a number of cases at the Paarl, also at Wellington and Malmesbury. A doctor at the Paarl told me lately that he knew of nearly a dozen cases. Some years ago at Somerset West Strand, there was a butcher who had the disease very badly and yet he carried on his business and even cut up the meat. I know of some very respectable people at the Paarl who have the disease.

Rev. *Peter Minnaar.* — April 20th, 1894.

10065. Why have they not been reported ?—I suppose their friends do not like to do so.

10066. *Dr. Fismer.*] Are those cases known to the magistrate ?—I should say so. I have heard of cases from the doctors.

10067. Does Mr. P———— ever complain to you of the injustice of his being sent to the island, while others who have the disease are allowed to remain at large ?—No ; he says the patients on the island are miserable enough, and they do not want others to be brought there. I do not think there is any feeling of that sort.

10068. *Dr. Dodds.*] Are the patients on the island rather glad that these lepers on the mainland can remain at home ?—Yes ; they have hopes of returning themselves soon. Mr. L * * * spoke about trying to get leave to go to Europe.

Mr. W. Pavel further examined.

Mr. *W. Pavel.*

10069. *Chairman.*] When you were on Robben Island did you keep the books relating to the kit and equipment ?—Yes.

10070. Were they initiated by you ?—Yes, under instructions from Dr. Impey.

10071. Was that with a view to have a record of the issue of all stores and kit to the patients ?—Yes.

10072. From those books are you able to show the stores that have been issued and received ?—Yes ; everything.

10073. Have you any reason to believe that the stores issued did not reach the patients ?—Whatever was issued at the female leper wards was received by the patients, that is proved by the checking ; the last checking was done by Mr. Taylor on the day before Mrs. Pavel left the island. When Mrs. Pavel took over the female leper wards from Mrs. Pouncey, the kit of the female patients was in a sad state, and they sent a letter to Dr. Impey on the subject, which Dr. Impey forwarded to the Colonial Office. As a consequence Mr. De Smidt inspected the books introduced under Mrs. Pavel's management ; Mr. De Smidt also asked for the books kept by Mrs. Pouncey, and Dr. Impey declared, in my presence, that Mrs. Pouncey did not comply with his orders, and kept none. The book of receipts (produced) shows the kit wanting when Mrs. Pavel took over the wards. I repeatedly checked the kit and equipment of the female patients from May, 1892, till June, 1893. On May 17th, 1893, I found that to complete the kit of the female patients a number of articles of kit were wanting, among which were : 10 sheets, 41 rugs, 37 chambers, 119 house shawls, 8 print dresses, 6 petticoats, 14 hoods and 15 straw hats. Requisition for these articles had been duly sent, for instance, for the chambers on February 2nd, 1893, for the house shawls on June 20th, 1892. A few articles had been lost or mislaid by the patients : 2 spoons, 1 knife, 1 comb, 3 towels, 1 house shawl. On the day before Mrs. Pavel left the island, *i.e.*, on 31st of May, 1893, Mr. Taylor checked the kit and equipment of the female patients, and he found the articles correct with the books, with the exception of a few articles lost or mislaid by the patients. I would refer to Mr. Taylor's report to Dr. Impey, which was favourable. Since June 1st, 1893, the kit at the female leper wards unfortunately became neglected, as the books (produced) show. The returns of kit issued to the patients did not correspond even with the store book. Of equipment I received no returns whatever since June, 1893. The books show that since I left the island, November, 1893, no entries have been made in the kit and equipment books.

10074. With reference to the male leper wards, were certain stores issued also ?—Yes.

10075. Who by ?—Mr. Howse was the storekeeper in my time.

10076. Did the patients on the male side receive all the stores that were issued ?—I had no control with regard to that. I only kept the books.

10077. Can you show from the books that certain articles were received

or not received by the patients?—According to the books (produced) many of the male patients did not receive their kit complete.

10078. Do you bring any charge of corruption against the person or persons who had to deal with the things?—I bring no charge, but I consider it corruption not to give to the lepers what Government allows them.

10079. Upon what grounds?—The books I kept, and Mr. Fitch's own book of kit (produced) show that the articles due to the patients have not been issued to them. For instance, it will be seen from the books that on October 19th, 1893, many patients had not their kit complete; 124 patients had no socks, 164 no boots; 160 no veldtschoens; 341 no neckerchiefs, 260 no nightcaps; 112 no felt hats; 156 no blankets; 152 no sheets; 154 no rug; 155 no pillow cases; 153 no towels; 174 no baths; 160 no chamber; 173 no knives; 174 no forks; 325 no straw hats; 82 no braces or belt; 185 no spoons; 159 no plates; 180 no basins; 187 no mugs; 40 no handkerchiefs; 65 no great coats; 110, 1 jacket each instead of two; 160, 1 waistcoat each instead of two; 99, 1 pair trousers each instead of two; 40, 1 shirt each instead of two; 202 no drawers; 33 no jacket; 55 no waiscoat; 16 no trousers; 24 1 flannel each instead of two; 22 no flannels. Should these above mentioned articles have been issued by the store department to the male leper asylum, then they are not accounted for by the asylum. Of equipment I received no further returns and none whatever of receipts for and issues from the branch store. I received no account of what the male leper asylum received from the store department in the way of kit or equipment. The store book I kept is blank, the book of equipment has no entry; since I first began it the book of kit shows the state of the patients kit. There has been no checking at the male leper wards. Dr. Impey's orders that I should check kit and equipment there were opposed by Mr. Fitch. The orders which Dr. Impey gave to Mr. Fitch, to furnish me with proper returns were disregarded. Every month I sent my written reports on the state of the kit and equipment to Dr. Impey. Mr. Jones, the magistrate, also inspected my books at my request. In the store book ought to be entered everything which arrives from the main store, but nothing has been entered.

10080. Will you explain the method of issuing the stores to the patients; you say that Mr. Howse issued the articles; did he absolutely issue them with his own hands, or did he merely give the order that certain articles should be issued?—In the first place a requisition is made out by the male leper superintendent, Mr. Fitch; he sends that to Dr. Impey, who gives it to Mr. Gower, and after that it goes to Mr. Howse, who issues the articles.

10081. Has Mr. Howse charge of the store where the goods are stowed away?—Yes.

10082. When he receives the list from Mr. Gower, does he issue the goods?—Yes.

10083. What is the official title of Mr. Howse?—Storekeeper he was generally called.

10084. Does he distribute the articles to each patient or does he give them to an attendant to hand round?—He writes out a receipt to be signed by the male leper superintendent or by the matron, and then the articles go into the hands of the ration man, who delivers them on return of the receipt which he takes back to Mr. Howse.

10085. Is there any book kept showing that the articles actually reached the patients?—The books produced to-day show what each patient received and that they not received what Government allows each patient.

10086. Does the storekeeper deliver the articles to the male leper superintendent, Mr. Fitch?—Yes.

10087. And is a receipt given by Mr. Fitch to Mr. Howse?—Yes, through the ration man.

10088. Does that appear in book form?—No, there were loose sheets. The ration man had to deliver them to Mr. Howse.

Mr. *W. Pavel.* — April 20th, 1894.

10089. When did you cease to take charge of the books? – In November last year. I entered according to the returns that I received. I should receive returns from the matron at the female wards and from the superintendent of male lepers, but as I have already explained I received no proper return from the latter.

10090. *Dr. Dodds.*] I take it that you cannot prove anything more except that the books were badly kept, and that the proper returns were not furnished; you cannot call that corruption, can you?—I think it is corruption to disobey persistently for years the orders of the superintendent of the island, and not to give to the patients what Government allows them.

10091. *Dr. Herman.*] Where was your office?—In the village.

10092. You never had anything to do with the goods yourself, had you?—No, I only kept the books.

10093. *Dr. Dodds.*] Did you complain about the returns not being given to you?—Yes, to Dr. Impey and also to Mr. Jones.

10094. At this time were they not extremely busy on the island, as so many patients were coming in, and Mr. Fitch had a great deal to do in attending to the immediate wants of the people without furnishing returns; should not that be taken into consideration?—There were not always patients coming in; weeks and months passed before a new patient arrived, and Mr. Fitch's own book of kit (produced) which he himself kept, shows that for years he made no proper entries, he therefore could not furnish proper returns

10095. Do you use the word corruption in a criminal light; do you mean, for instance, that Mr. Fitch or anybody else got these goods and privately sold them or disposed of them in any way?—I never said that.

10096. Your remarks would imply that, would they not?—I meant that not only the books are kept in a careless way, but that it is a careless state of affairs not to give to the patients what is due to them. The patients suffered a good deal, some to a great extent by it; they naturally grew discontented, and their management became more difficult. Dr. Impey desired that every patient should have his or her full kit according to the authorised list of kit, and to have a perfect control in this respect the office of clerk of kit and equipment has been introduced, but his orders were not obeyed.

10097. *Chairman.*] Do you mean that Mr. Fitch's book is kept in a wrong and careless way?—Yes.

10098. You do not imply that the goods were never issued, or that they were stolen?—The latter I do not imply, but there is no doubt that the male patients did not receive their kit complete. If the kit of each patient would have been checked according to the authorised list of kit in November, 1893, when I left the island, it would have been shown that a great number of patients who resided on the island a year, and longer, had not their kit complete; and I have no doubt if a checking should take place to-day the result would not be much better.

10099. What importance do you attach to the office of clerk of kit and equipment?—The office of clerk of kit and equipment, if independent from the store department and from the chief clerk's office, as it was when I held the office, is of advantage to the patients and to Government, provided: 1st, that the ledger of the store department, showing all the articles of kit and equipment issued to each of the four institutions (lunatic and leper), is compared at regular intervals with the books of the office, and 2nd, if at regular intervals a checking at each of the four institutions of the equipment and of the kit of each patient (and at the male and female leper establishments of the branch stores) takes place according to the books of the office. In this way it will be seen whether each of the articles issued by the store department to one of the four institutions has been properly issued to the patient for whom the article has been requistioned. Dr. Impey introduced this office, and if his orders had been obeyed, which, unfortunately was not the case as far as the

male leper establishment, and since June, 1893, also the female wards are concerned, every patient would have had the kit according to the authorised list. If the superintendent of male lepers would have kept his own books properly then the office of a clerk of kit and equipment would not have been necessary at all. It seems Mr. Fitch can give no account of what he received some years from the store department in the way of kit and equipment, and his own book of kit (produced) shows that he can give no satisfactory account of his issues to the patients. Therefore I believe the office of clerk of kit and equipment of advantage.

10100. *Dr. Herman.*] Do you really think such an officer as clerk of kit and equipment is necessary on the island?—It would have been very useful under the circumstances if properly carried out.

10101. Should he be in direct communication with the storekeeper?—Yes, to compare the books as I just explained.

10102. What advantage is it to have an entry in your books if you do not know whether the patients themselves have received the articles?—There should be also a checking at each of the institutions to see if each patient received what he should have.

10103. Is there a clerk of kit and equipment at the present time?—I do not know.

10104. Is it not a simple matter of office detail keeping books like these?—I think it is very useful if the book-keeping is connected with a regular checking. Once in two months would be sufficiently often to go round and see that the things were there, that each patient received the articles due to him or to her; if the leper institutions are properly managed, and if the books are conscientiously kept by the superintendent of male lepers, the office of clerk of kit and equipment could well be dispensed with, but he kept his own book of kit (produced) improperly. I think this office would have been very useful if Dr. Impey's orders had been obeyed *re* returns and checking.

10105. Was it difficult to keep the books when you were on the island?—Yes, very difficult, because I received no return from the male leper side. It was all right on the female leper side till 1st of June, 1893.

10106. Why did you not receive the returns from the male leper side?—I do not know.

10107. Did you ask for them?—Yes, many times. I asked Dr. Impey and also Mr. Jones.

10108. Can you show us what books you kept in the female leper asylum?—[*The witness explained the books.*]

10109. How is it you were able to keep the female leper asylum books so accurately?—Because I received the returns from the matron, Mrs. Pavel.

10110. Did you ask frequently for them?—No. I was not able to keep the books of the male lepers because I could not get proper returns.

10111. Did you live on the island with your wife?—Since December, 1892, I lived in the village, where I had my office; from May, 1892, till November, 1892, I lived with my wife.

10112. *Dr. Dodds.*] What did you receive as kit and equipment clerk?—£5 a month with rations and quarters.

10113. *Dr. Herman.*] Did you have any other duties?—No other duties were connected with the office of clerk of kit and equipment.

10114. Was the office established when you went there?—It was established only in December, 1892.

10115. *Chairman.*] Is there anything else you wish to lay before the Commission?—I think there ought to be sufficient kit in store to provide for new comers and for old patients.

10116. In what way?—Patients had to wait often for months before they received the most necessary article of kit; some arrived in rags and no dress, no shirt and so on could be given to them.

10117. Did the Rev. Mr. Watkins hold service at fixed hours?—Dr.

Mr W. Pavel. — April 20th, 1894.

Impey established certain fixed hours for Divine Service, but Mr. Watkins did not keep the hours appointed for religious service and in this way he interfered with the management of the institution and the discipline.

10118. In what way did it make any breach of discipline?—For instance, in this way: The patients had to prepare a quarter of an hour before meal time the tables in the wards for dinner; at twelve o'clock when the bell rang (I refer here to the female wards) the dinner was ready in the kitchen, the working patients had to be there to carry the food to the wards. When Mr. Watkins began his service later than at the fixed time and kept the patients in the chapel over the time, the good order was disturbed and the patients, who sometimes received their meal cold, became dissatisfied and their management became more difficult. I know that Mrs. Pavel had to report the English chaplain repeatedly to Dr. Impey for interfering with the regulations of the institution.

10119. Was that verbally?—Yes.

10120. Was it also by letter?—Yes, also by letter.

10121. In what other way did Mr. Watkins make any breach of discipline?—I beg to refer to the written reports and complaints.

10122. Did you ever see any of the officials on the island drunk?—I saw ——— drunk once.

10123. When was that?—Shortly after I went to the island in 1892.

10124. Was it in the day time?—Yes, at noon.

10125. You never saw him drunk afterwards?—Yes, but I do not recollect the dates.

10126. Did you ever see any of the other officials drunk?—Yes, I saw ——— drunk twice; once in the afternoon, when he went from the restaurant to Mr. Pereira's shop, and on another occasion near the Roman Catholic chapel. It was in June or July, 1893, in the day time about four o'clock, when I saw him drunk going from the restaurant. The date of the other occasion was previous to that. I heard a good deal of the drunkenness of ——— from Mr. Tappe, the bar-keeper, and from male patients.

10127. Have you ever seen any of the leper attendants drunk?—Yes; in the morning and in the afternoon. I do not know their names.

10128. Do you recollect the dates?—It was in 1893; it was in the day time.

10129. Do you know how the male patients obtained dagga?—No; I had nothing to do with the male lepers.

10130. Do the female patients get it?—At the commencement they smoked it.

10131. Who issued it?—I do not know how they got it.

10132. Was it smuggled over?—Very likely; a stop was put to it, and then they smoked it no more.

10133. Did Dr. Todd ever order dagga for the patients?—Yes; you will find it in the prescription book. He sent it up for the women.

10134. What date was that?—Between January and May of last year; I think in March.

10135. How came you to know about it?—I saw it in the prescription book, and there was a tin of it in the office.

10136. Did the patients receive it?—No; they never got it. Mrs. Pavel kept it in the office and informed Dr. Impey, who said it was to be returned.

10137. *Dr. Dodds.*] Were you twice at the island?—I was there from May to November, 1892, and from December, 1892 to November, 1893. I was away for a month.

10138. Were you dismissed?—Yes, in November, 1892, and November, 1893.

10139. Why did you leave?—I received notice to leave; *i.e.*, in November, 1892, I received a month's salary in lieu of notice, and in

October, 1893, I received notice because there was not sufficient work to occupy my time.

Mr. W. Pavel. — April 20th, 1894.

10140. On what grounds did you leave in 1892?—I was told that the Attorney-General said it was not practicable for a man to live at the female compound. I was then living inside the compound. The fact is, there was an intrigue against me. An enquiry was held by the magistrate, Mr. Jones, by order of the Under Colonial Secretary when I returned to the island in December, 1892.

10141. What was the charge brought against you?—I refer you to the sworn evidence.

10142. *Chairman.*] Is the whole of the evidence in the possession of the Colonial Office?—Yes.

10143. Can the Commission obtain it?—Yes.

Mr. W. E. Moore further examined.

Mr. W. E. Moore.

10144. *Chairman.*] You are one of the official visitors to Robben Island?—Yes.

10145. Have you personally inspected any of the kit and equipment books?—Shortly before Mr. Pavel left the island I went over the books myself; it was about October last. It was impossible to overtake the work of inspecting the island in one visit, and I wanted to satisfy myself in regard to the whole of the different establishments. On previous occasions some of the patients had complained that they did not get various articles of clothing, and I then asked Mr. De Smidt whether I might inspect the books. As I have already stated in my evidence, some of the patients said that those who were on terms of intimacy or friendship with Mr. Fitch got what they wanted while others did not, so I thought I would satisfy myself whether there were any grounds for the complaint by inspecting the books. After going round the wards, I asked Mr. Pavel for the books, and he said, "I do not know whether I can let you see them." I replied that Mr. De Smidt had stated that everything was open to my inspection; whereupon he showed me this book (produced) and pointed out what the patients were entitled to receive and the various articles that had not been issued. As far as my memory serves me we referred to that in our next report.

10146. Did that inspection bear out your impression that there was some favouritism?—Yes, connecting what I saw in the books with what the patients told me.

10147. Are you able to point out anything now?—No; certain blanks which are still here were shown to me and I was told that the articles were not issued to the patients; some got things while others did not. While on the one hand many of the patients complain when possibly there is no real cause for complaint, on the other hand it is difficult to get some patients to make any complaint as to things which actually exist for fear of offending the officials. In the female wards during Mrs. Pavel's time I must say that everything was in excellent order. I do not know much about the issue of stores and clothing, but the comfort of the patients seemed to be well attended to and the place was tidily kept.

10148. Has there been a falling off in that respect?—Yes, in fact I have spoken to the present matron about certain things, but she says she has not sufficient assistance and therefore cannot keep the place clean. I asked her why she did not apply to the Government, as I felt sure that she would get more help if she wanted it. I believe the Government wish to do everything in their power to make it comfortable for the patients. What I complain of is that, with a large increase in the number of patients, there has not been a corresponding increase in the staff in order to overtake the work.

10149. Did you furnish the Government with a report of your official inspection in March last?—Yes; it was a very full report.

Mr. W. E. Moore. — April 20th, 1894.

10150. Can we obtain a copy of that?—Yes; Dr. Jane Waterston, Mr. Mudie, and myself went over and we made a full investigation.

10151. Could you give us a brief outline of that report?—There were so many points. In the male leper wards we found that the food was not what it ought to be for persons suffering from disease. We made enquiries and found that the cook had to prepare meals for some 340 patients, I think he mentioned, and as he only had one stove at his disposal he had to commence at nine o'clock in the morning; what he then prepared he put into tins to keep it warm, and then he went on with the second batch, and so on, so that the whole of the food might be ready by one o'clock; the result was that the food prepared in the first instance was dried out and there was no nourishment left on it. The bone is considered as part of the weight issued, and I pointed out myself to Mr. Mudie that some of the patients really had very little but bone and gristle.

10152. Is that so in the female wards also?—No. the food is excellent and abundant there.

Cape Town, Thursday, April 26th, 1894.

PRESENT:

DR. MURRAY *(Chairman)*,

Dr. Herman,	Dr. Hoffman,
,, Fismer,	,, Dodds.

Mr. J. A. C. Graaff examined.

Mr. J. A. C. Graaff. — April 26th, 1894.

10153. *Chairman.*] Do you represent the contractors for the supply of meat to Robben Island?—Yes.

19154. Do you find any difficulty at all in transmitting the meat to the island?—No; there is no difficulty.

10155. What is the arrangement at present?—The orders are sent by the medical superintendent on the island, and we send the meat down by wagons to the steamer from our stores.

10156. When do the orders reach you?—We generally have a few days' notice beforehand.

10157. When are the animals slaughtered?—Generally on the morning of the day on which the meat is sent over.

10158. Therefore the meat goes from your stores perfectly fresh?—Yes.

10159. Have you anything to do with it after it is put on board the steamer?—We put it on board the steamer, but our responsibility does not cease till it is delivered on the island. An officer on the island takes delivery.

10160. Does your responsibility then cease?—Yes, unless there is any discrepancy in the weights. The meat is not actually weighed at the steamer.

10161. What is name of the officer who receives it?—I do not know.

10162. Have you ever had any complaints at all from the island about the quality of the meat or as to its being damaged in transit?—We have had complaints about the quality of the meat not being up to the standard, at least so the medical superintendent thought.

10163. How do you account for that?—It is on account of the severe drought and the veldt being destroyed by locusts and the consequent difficulty of getting first class cattle.

10164. Do you find that the summer season makes much difference in regard to the transit of the meat?—In winter the meat looks better when it

is despatched. We would kill probably the previous evening and then the meat is nicely set and not so liable to take the dust as fresh meat, and it keeps longer. The meat is apt to take on a good deal of dust which does not improve the appearance by the time it reaches its destination; it is handled on board and on the island again.

10165. Some little time ago there was a complaint that the meat was not good, that it had turned a little; was that brought to your notice?—The first supply since we got the contract this last time was killed the previous day and it was sent over in perfect order, but it was sent back and fresh meat was substituted for it. Since then we have been instructed always to kill on the morning of delivery which has been acted up to.

10166. *Dr. Hoffman.*] Does that apply to sheep as well as oxen?—No; sheep are taken over alive.

10167. Do you personally superintend the despatch of the meat?—Sometimes; it is generally left to the manager.

10168. Do you always have someone superintending?—Yes, someone who is responsible to me.

10169. Is the meat conveyed in covered receptacles?—The meat is covered with canvas.

10170. Is it put in canvas bags?—No; it is only covered over with canvas. Our wagons I may say have very high sides to them.

10171. Is the meat of the same quality as that usually supplied to the general public?—Yes; in some cases it is better.

10172. *Chairman.*] Do you think the distance of the island and the handling tend to affect the meat at all?—Only in appearance.

10173. You do not think it affects the quality?—No; except that it naturally looks better before it leaves our stores than it does when it arrives on the island.

10174. Assuming your establishment was closer to the place of delivery it would be better would it not?—Yes.

10175. *Dr. Hoffman.*] Does the sea air affect the meat in transit?—No, I should not think so; it requires to be carefully handled on board; that is the chief thing.

10176. You say that a complaint was once made and the meat was sent back, did you think at the time that the complaint was well founded; was it bad?—No, the complaint was not well founded at all, but unfortunately as in the case of all such contracts, the Government reserve their rights and the contractor has no consideration at all; the quality was as good as that of the meat which was to be had in the market, in fact I am informed that they went to purchase meat elsewhere, and it was of an inferior quality.

10177. Had you a chance of inspecting the meat after it was returned from the island?—Yes.

10178. And you found that it was good, even after it had been returned to your stores?—After it came back to our stores it looked disgracefully bad owing to the handling. It was fresh killed, put on the wagons and taken down to the steamer, from there it was put into the boat which is often very crowded, and then taken ashore where it is handled in the butcher's shop.

10179. Was it actually putrid?—No; it was perfectly wholesome, but very dirty, and it looked bad.

10180. Is it the case that after meat has been cut with a knife it assumes a greenish hue?—No; if it is wholesome, it should not do that: it naturally gets a little dry, but it should not turn green at all.

10181. Is the meat conveyed to the island early in the morning, in the cool of the day?—Yes.

10182. *Chairman.*] Are you acquainted with the way in which the meat is distributed on the island?—No.

10183. Can you suggest any improvement?—I do not know how long the meat is kept before it is distributed, or what class of building it is kept in.

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10184. I suppose such a point as that would materially affect the condition of the meat by the time it reached the wards, would it not?—Yes, naturally.

10185. *Dr. Hoffman.*] In the case of the meat being returned, is there nobody to act as umpire between you and the parties to whom it is sent?—No one at all. I believe the decision of the medical superintendent is final.

10186. *Dr. Fismer.*] Do you send meat over by every steamer?—As a rule, we do.

10187. *Dr. Hoffman.*] Do you send all parts of the carcase, or are special parts selected for the island?—The carcase goes in full, as a rule, with the exception that most of the rough parts are taken off, as, for instance, the points of the shins and the thick part of the neck; that is all kept back.

10188. So that in fact the people on the island get the choicest parts of the beef along with the inferior portions, just as the general public do?—Yes; quite so.

10189. *Dr. Dodds.*] Whether the patients or whether the staff get the best parts depends of course on the distribution?—Yes.

10190. *Chairman.*] How soon do you think the meat ought to be distributed after arrival on the island, judging from your own experience, say in the summer time?—I should think within 24 hours after landing in summer, and in winter a little longer, in fact the meat would keep for a week in winter.

10191. Should there be any special arrangement made for the meat on the island when it is landed?—Undoubtedly there ought to be properly ventilated stores for the purpose.

10192. Should the meat be hung on hooks instead of lying on tables?—Yes; it should be hung on hooks and perfectly cleaned, all the dust should be carefully wiped off with a clean cloth, then it should be hung on hooks in a very cool place.

10193. There should be special regard paid to cleanliness?—Yes.

10194. *Dr. Hoffman.*] Did I understand you to say that the meat was only sent back on one occasion?—It was sent back on the first occasion, I believe, owing to its being stale; it was slaughtered the previous evening, and the authorities wanted it to be slaughtered the same morning as it was delivered, of which fact we were not aware at the time; it was the first meat supplied after we got the contract. Then again it was sent back because the doctor thought the quality was not up to the mark; I think there were two occasions when it was sent back since we have had the contract.

10195. How long have you had the contract?—About eight or nine months.

10196. Comparatively speaking you have had very few complaints?—Yes, very few. We generally guard against conplaint as much as we can, because eventually the loss falls upon us; the meat is returned and we have to stand the loss to a certain extent.

10197. I suppose that very good care is taken that no meat from diseased animals is ever sent; there is some inspection is there not to see that it is thoroughly sound?—Yes: we buy the best slaughter cattle that come into the market or are obtainable in the Colony; our buyers travel very far, right up to the borders of Basutoland and Griqualand East.

Cape Town, Friday, April 27th, 1894.

PRESENT:

Dr. Murray *(Chairman)*,

Dr. Fismer,
,, Dodds,
Dr. Herman,
,, Hoffman.

Mr. J. J. Graham examined.

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10198. *Chairman.*] You are Secretary to the Law Department in Cape Town?—Yes.

10199. Under whose control are the convicts on Robben Island?—They are immediately under the control of Mr. Powys Jones, the assistant magistrate on the island.

10200. What class of convicts is sent over there?—They are supposed to be the better behaved convicts and mechanics. We have not kept any particular control over the class of convicts that has been sent, but have left it to the discretion of the superintendent. I should explain that until Mr. Jones was appointed last year, the superintendent at the breakwater station was also the superintendent of convicts on Robben Island, but we found that the system did not work, as the supervision was not sufficiently direct, and therefore when Mr. Jones was appointed assistant magistrate he was also appointed superintendent of convicts. Formerly it was left to the superintendent here to transfer convicts to the island as a sub-station; we did not interfere with his discretion unless we knew from the history of any man that it was undesirable to send him over to the island.

10201. Are the convicts on the island used for general purposes as well as artisan work?—Yes; they principally do the beach work and the sanitary work at the leper wards.

10202. Is there any trouble with the convicts generally on the island?—Not recently I think; at any rate none has been reported to us. I believe on the whole the behaviour of the convicts has been pretty good.

10203. With regard to the control of the police; are the convict guards and the leper guards under the same authority on the island?—With regard to the leper police there is a little dual control; we have convict guards and also leper guards, who are attached for disciplinary purposes to the convict station, enrolled by the superintendent of convicts and paid by him, and he is responsible for their behaviour; the instructions as to what work they are to do come from the island authorities. Besides this, there are other police—how many I do not know; it is merely a matter of accident that I know there are other police.

10204. Do you think that the system of dual control works well?—The idea of having the leper guards attached to the convict station emanated from myself for this reason. I regarded the duties of these leper guards to be necessary as much for convict as other purposes: if you guard the lepers you to a certain extent guard the convicts too, more particularly as some of the convict work is in connection with the leper wards. In order that there might be some hold by us over the leper guards I asked that they might be attached for disciplinary purposes to the convict establishment. The Colonial Office pays for them, and the island authorities I presume, have given them instructions as to what their duties are in relation to guarding the lepers; our officers would give them instructions as to the part they are to take in keeping a watch over the convicts; our officers have nothing to do with the ordinary island police, whatever their duties are, and I do not know anything about them.

10205. What powers has the surgeon superintendent of the island with regard to the convicts?—He has simply the powers of a visiting magistrate

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he has no other powers, no practical powers. He may have influence which may be exercised, but that is not recognised by us, and I do not think it is right that it should be recognised. That brings me to a slight defect in the administration which I should like to say something about.

10206. Will you point out how the administration might be improved? —I have long thought that the paramount idea on the island ought to be the maintenance of order; the medical supervision should be regarded purely as a departmental matter. The way I should work it would be this: the chief man on the island should be altogether a civil officer, and the medical officers should conduct their separate or combined establishments as the case may be, whether lepers or lunatics, purely as departmental matters. The ruling power should be a civil officer, responsible for the maintenance of order to the Colonial Secretary's Department or whatever other department he might be placed under, and he should moreover be a man of sufficient strength to make his influence felt on any question relating to order.

10207. In other words, would you be in favour of creating Robben Island a village, and administering it under civil law?—I should make it a resident magistracy.

10208. On the same conditions as you would have a resident magistrate in the country?—Yes.

10209. And then the whole of the accounts might go through such resident magistrate and be submitted by him to the various departments having expenditure on the island?—Yes.

10210. Do you think that would tend to improve the work on the island generally; for instance, would the medical work go on better, inasmuch as it would give the medical officers of the island greater time to devote to their particular branch?—Undoubtedly; there are many matters, as I have seen from correspondence, in regard to which the medical superintendent of the island has authority at present which is inconvenient; for instance, the Colonial Secretary's Department hires the convict, so to speak, from us and they pay so much a day for each convict, and we are bound to find a certain proportion of guards according to regulations laid down. Roughly it is one guard to about seven or ten convicts; any excess in the number of guards which may be required for their purpose is borne by the interest employing the convicts. If we go to Dr. Impey, who is the managing official on the island and responsible for the expenditure, and say to him, "you are employing the convicts in a manner requiring more guards and you must pay the excess," he is at once thrown into conflict with his accounting officer (the Colonial Secretary's Department) and hence his interest naturally is (I do not mean from any improper motive) to keep down expenditure, and he does all he can in every way to show us that an increased number of guards is not necessary. If however there was an independent authority there not responsible directly for the expenditure, both Ministers would appeal to him, he would give his opinion and they would disregard it at their peril. That is my point.

10211. In that way do you think there would be greater efficiency for maintaining order and discipline?—Yes, and greater harmony also.

10212. Would it not also have the effect of rendering the medical superintendent free from the necessity of exercising judicial functions?—Yes, it would.

10213. We find for instance, that various complaints are made to him regarding matters of discipline, and he has to a certain extent to adjudicate upon them even now: such a condition as you point out would free him from that also would it not?—Quite so.

10214. In fact the magistrate would be the buffer upon whom all the grievances on the island would fall?—Yes.

10215. Supposing any of the patients or their friends had grievances, or any of the other people living on the island, they should, you think, all come

before the magistrate?—Yes. I should make him an official visitor so to speak to each institution on the island.

10216. Would you have such a magistrate permanently resident on the island?—Yes; I think it is essential that he should be there always, and not simply go there at stated times.

10217. Would you be inclined to appoint him for a short or a long period?—That would be a matter of detail. Sometimes magistrates get involved more or less in local feeling and prejudices.

10218. Bearing in view that fact, would you be in favour of a short or a long appointment?—I think the principle suggested for adoption in regard to resident magistrates generally should apply. It would be an advantage perhaps if resident magistrates were shifted a little more frequently, as they are apt to get mixed up in local cliques, and that argument would apply with additional force in regard to Robben Island, I imagine. I am not speaking by the card on that point with reference to the island, but merely so far as general experience goes.

10219. *Dr. Hoffman.*] Do you think such an arrangement as you suggest would at all clash with the medical authorities?—No. The medical officer would have absolute independence in his own sphere, just as Dr. Dodds or the surgeon superintendent of any hospital on the mainland has.

10220. *Dr. Fismer.*] If the patients had liberty to complain to the magistrate, would not that bring about unpleasantness?—They have liberty to complain to the official visitors now, and my experience (which is worth something, from what I have gone through the last five or six years) is, that the power to complain is a great safety valve in the management of these institutions. In my annual report I am actually advocating that there should be official visitors to the prisons and convict stations.

10221. *Dr. Dodds.*] Would you have the magistrate only as an official visitor?—Yes; I would not allow him any power in the management of the institution.

10222. *Dr. Hoffman.*] If I understand you correctly, the surgeon superintendent of Robben Island would not stand in the same relation to the magistrate there as a district surgeon does to a magistrate on the mainland?—No.

10223. *Dr. Dodds.*] Would the correspondence have to go through the resident magistrate?—No; but I should make him the central authority in regard to accounts.

10224. And also for receiving, issuing, and condemning stores?—No; each institution should have complete autonomy in that respect.

19225. The island would practically be a village, and the official you suggest would be the resident magistrate and permanent official visitor to the institutions, having power to visit both night and day?—Yes, just so.

10226. *Dr. Hoffman.*] He would not, of course, have the right to order the medical superintendent about in the way that an ordinary magistrate orders a district surgeon about?—No.

10227. In their respective spheres they would be perfectly independent?—Yes.

10228. And such an officer should be of sufficient standing to enable any ministerial department to ask him for his opinion about any occurrences in connection with the management?—Yes.

10229. *Dr. Dodds.*] He would have nothing to do with the administration, would he?—No.

10230. Is there any other work such an officer could do as well, besides the office work and the management of the convicts?—No. I think his hands would be pretty full if my idea were carried out, as it is a large area.

10231. Would he be responsible for the Public Works Department, for instance?—That is a very vexed question, and I have not considered it at all.

10232. *Chairman.*] Seeing that so many interests are involved in the

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leper establishment on Robben Island, would you be in favour of having a short special Act relating to the administration?—That may be necessary, but I am not sure that it is.

10233. Would it be possible under the existing Act to frame such regulations as would allow of the island being worked on the lines you suggest?—Yes; if you make the island a resident magistracy.

10234. Would it be possible to have such rules and regulations framed as would prevent any clashing between the resident magistrate and the medical authorities?—I think so; it all depends upon the *personnel* of the establishment; you must have a strong man, and there must be no nonsense about his powers. He must be a man of tact, for it would be a difficult position. Of course at present there is a little confusion. Mr. Jones's relation to Dr. Impey is rather paradoxical: in one sense he is superior to Dr. Impey, in his judicial position, and in another sense Dr. Impey, as visiting magistrate to the convict station is superior to Mr. Jones.

10235. And you think that might occasion difficulty and confusion?—It might.

10236. *Dr. Dodds.*] Do you think it very important that the resident magistrate should be entirely detached from departmental responsibility?—Yes.

10237. In order to secure publicity do you not think it important that cases tried before the resident magistrate should be published in the Cape Town papers; at present very much goes on on the island that is never published, does it not?—Of course publicity would be a great benefit, but the difficulty is to know how to secure it.

10238. Could not cases of any interest that are tried be published in the papers in the ordinary way. Is not publicity the best check on the management of these institutions?—I quite agree with that, but I do not know how you are going to secure it under the present arrangement, unless the newspapers are informed when the court sits, and then a reporter might go over possibly.

10239. Would you make it an instruction that a report of cases tried should be sent over to the press?—I hardly think so, because you may on certain occasions have a good report, and at other times a garbled report, especially in connection with a place like Robben Island, where feeling is apt to run high.

10240. Might not the charge and the sentence be furnished officially to the press, so that the public could see that these matters were not burked?—It might not be a bad idea. I may say with regard to the convict administration that we have reports of every case sent to us and they are carefully scrutinised. If there is any suggestion of any undue communication between the convicts and the freemen, for instance, we immediately have the incident investigated.

10241. What I mean is, that things occurring in the village, cases of drunkenness and disorderly conduct might be reported just as they are in Cape Town; not matters appertaining to the internal working of the institution; might not that be done?—If you selected an officer who could be trusted to send a faithful report, it might be a good idea, as I certainly agree that publicity in all such matters is a wholesome safeguard.

10242. A great many things happen on the island which are reported officially and then they come out in the papers in some garbled form, and thus the public get to mistrust the institution; is not that so?—I think so. That is why I have recommended official visitors. These garbled reports do an infinite amount of harm; it is better to have the true facts stated. If anything is done it must be done compulsorily otherwise it might create ill feeling if a report was sent on some occasions and not on others.

10243. *Chairman.*] How would you propose to deal with questions involving complaints about food supplies and such matters?—In the course

of his visits the magistrate would ascertain whether there were any grievances, just as in the case of the convict establishments. The convicts have the right of appeal to the superintendent or the visiting magistrate, and either of them has the power to investigate the matter on the spot.

10244. Would you propose that the whole of the police supervision on the island should fall under the magistrate?—Yes; that would be his first responsibility.

10245. *Dr. Dodds.*] He would be an official visitor, visiting very frequently?—Yes.

10246. And he would have no more power possibly than the official visitors have now?—Just so.

10247. *Dr. Hoffman.*] Do you think such an arrangement would increase the expenditure of working on the island?—It cannot do so very much, because Mr. Jones gets a certain salary and it would simply mean increasing the salary. There might be an increase of £400 or £500 a year, which would be a mere trifle. Perhaps a clerk or two might be required.

10248. *Chairman.*] Do you approve of the leper guards carrying revolvers?—I did not know they were armed with revolvers, but I certainly think they ought to be, for this reason: I take it that the presence of the lepers on the island is a matter of compulsion, to a certain extent, and as there is a large number of them collected together, they may at any moment become liable to very serious discontent, and I think it is absolutely essential that the authority you have there should be real and practical authority and not mere bogus authority. Of course, you must be careful in the selection of the men. With regard to that point it is of much interest to read the report of the Featherstone enquiry in England, where the troops fired on the colliers. There it was laid down very plainly what are the duties, not only of soldiers but of civilians, in the case of a riot as regards shooting. I have always felt that when you have men placed in a position of that sort where physical force is the possible ultimate resort, you must place them in a position to enforce it completely. It is no good having guards with sticks to face a large crowd of discontented men, because they would know they were perfectly useless.

10249. Do you think there might, under certain circumstances, be the possibility of a combination between the lepers and the convicts?—As far as the convicts are concerned I have no fear. Our men's powers are very clear with regard to shooting, and the latter know it; but, unless the lower class lepers know it too, I should be very apprehensive of trouble.

10250. *Dr. Hoffman.*] Would you apply the same rules in regard to shooting lepers as you would in the case of convicts?—No. I should not go to that extent. Our law is that in order to prevent serious consequence you may shoot: of course a man who does so fires on his own responsibility, and he is not justified in firing unless it is absolutely necessary to prevent serious consequences. If you have leper guards you must apprehend something, otherwise they are not necessary; if they are necessary, it must be for the purpose of using physical force, and in order to enable them to use it completely you must either strengthen your guards very much, or arm them in such a way that they can prevent consequences, such as serious assault and destruction of property.

10251. *Dr. Dodds.*] Would not the population on the island be available, and might not the revolvers be kept at the guard house so as to be ready in case of emergency?—I do not pretend to offer any very definite opinion upon the point; I am only speaking on the abstract proposition that if you have police guards doing police duty involving serious consequences, you must put them in a position to render assistance in the most complete way.

10252. Would you go the length of saying that the guards should always wear their revolvers?—I do not say that, but I should let them wear

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them at night certainly. It all depends upon the degree of restraint that the lepers are supposed to be put under. Perhaps they might try to get into a boat and escape.

10253. Do you think that would justify the guards in going to the extreme length of shooting them?—It depends upon what your policy is.

10254. Suppose a party of lepers conspired to get a boat at all hazards and to fight for it, so to speak, what should be done?—If it is of no consequence that the lepers leave the island, undoubtedly the guards should not be armed.

10255. Can you treat lepers as if they were convicts?—No; I do not think you ought to treat them as if they were convicts; it is purely a question of policy; if it is immaterial whether they leave the island or not, then the guards should certainly not be armed.

10256. Suppose there was a dangerous lunatic, would you shoot him rather than let him escape?—No.

10257. Why would you make any distinction, then, with regard to the lepers?—I do not make any distinction. I am assuming that the policy is that the lepers are to be kept on Robben Island as a matter of compulsion, and I am also assuming that there is a possibility of their taking up such an attitude as would involve danger to life or the destruction of property; those would be the only two cases in which a guard would be justified in firing. In the case of short-sentence prisoners we do not allow the guards to fire, nor in case of boys.

10258. *Dr. Hoffman.*] Do you think the carrying of revolvers by the guards has any irritating effect on the lepers?—I have had no practical experience of the island lately; I cannot see that it would have any bad effect upon them, and you must consider this, that a very large number of the lepers consists of the low class who are amenable to very little influence except the exhibition of physical force if you want to maintain order. As I said before, however, it is a question of policy. If the leper patients are to be kept under very strict discipline and you instruct the guards accordingly, then I am afraid there is no alternative but to arm the guards. If, on the other hand, the patients are to have a considerable amount of latitude, then you will have to have a very considerable number of unarmed guards.

10259. *Dr. Dodds.*] Would it not be better to insist upon the magistrate saying whether or not the revolvers should be distributed?—Yes. I think matters of that sort should really be left to the official I suggested, who would be free from all bias.

10260. *Dr. Herman.*] In the case of any leper patient being shot, I presume the guard would have to justify his position that there was a danger of injury to life or property, just as a policeman would have to do; no policeman can fire unless he can show that it was necessary to protect life or property?—No.

10261. *Dr. Dodds.*] Suppose a leper was going to set fire to a house, would the guard be justified in shooting him?—Undoubtedly. I remember that the Attorney-General reprimanded a guard for not shooting a convict whom he saw standing over a constable in the act of striking; instead of shooting the convict he allowed the blow to fall. Of course the guard who fired would have had to justify his action.

10262. But the lepers are inmates of a hospital so to speak, and not convicts?—No doubt lunatics are entitled to much consideration; but it is different in the case of a leper who has his senses about him and attempts to set fire to a house. I would not have the slightest hesitation in directing a man to shoot under such circumstances.

10263. To kill him?—Yes.

10264. *Dr. Herman.*] In the case of a disturbance, must not the Riot Act be first read before there is any firing?—That is immaterial.

10265. *Dr. Dodds.*] But a riot is very different from a man attempting

to set fire to a house?—No; I can see no difference. I am assuming that the man who fires thinks that there is a reasonable hope of preventing the mischief; he could not fire after the act was done, because that would be an avenging measure, but in order to prevent a fire he would unquestionably be justified in firing.

10266. Do you think the man firing would be justified in killing a man for an offence in regard to which he might get a year or two's imprisonment?—According to the law you can shoot a man whom you suspect of sheep-stealing, if he is running away.

10267. *Dr. Herman.*] You mentioned a case where a constable was reprimanded because he did not fire on a convict; I suppose for the offence the latter would not have got more than 6 or 12 months' imprisonment, would he?—As a matter of fact he got 18 months' imprisonment and 25 lashes, but he very nearly killed the constable, and the guard should have fired to prevent serious injury to the man. I remember that the Attorney-General gave a very clear instruction on the point.

10268. Would you draw a difference between the case of a criminal and a leper?—None whatever; you would shoot him not because he was a convict but because he was trying to kill another man; he had a pick handle, with which he hit the constable.

10269. We are not referring to lepers trying to kill people, but trying to commit an offence which does not involve the loss of life at all. Do you think in the case of attempted destruction of property a constable would be justified in shooting?—Yes.

10270. You are aware that the female lepers are segregated, and the compound where they reside is patrolled at night by armed constables; supposing a male leper attempted to get into this compound, would the constable be justified in shooting him?—No; it might be assumed that he was getting in with the consent of a patient inside, by some sort of connivance. You can, however, go a very long way in protecting property, not only in this Colony but also in England and elsewhere. Of course, it must not be a trifling thing, such as a man getting over a fence for an immoral purpose; but if a man was breaking into a house in order to commit a crime, or if a farmer saw a man in his kraal among his sheep, and that man would not stand, shooting would be justifiable.

10271. Suppose a couple of lepers were to get a boat and attempt to escape from the island, would the constable be justified in shooting them?—No; they would not be committing any crime. I must qualify my answer by saying that I do not know whether it is regarded of paramount importance that the lepers should be compulsorily detained on the island.

10272. The law says so. Is there any special Act which governs the behaviour of constables who are armed?—No; the common law applies to them.

10273. Do you think it an advantage to arm the constables on Robben Island simply to prevent the occurrence of crime?—Yes, speaking generally. The guards are to be resorted to to use physical force in order to put down disorder, and you must enable them to use their power to the fullest extent.

10274. How many men have you got on the island?—I do not know how many there are. There are the convict guards, and leper guards, and the police besides.

10275. Do you think the staff is sufficient to deal with any riot that might occur?—I cannot say at all. I have no information.

10276. Take the case of a reformatory where prisoners are detained, are the guards armed there?—No, they are not allowed to use physical force at all.

10277. For what reason then would you advocate arming the guards on Robben Island with revolvers?—In order to be able to prevent injury to life or the destruction of property.

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10278. Would it not be advisable rather to adopt the same general precautions that are adopted at reformatories?—If that is sufficient protection, adopt it by all means, but at the Reformatory there is no one over sixteen; they are all small boys. The injury which they could do would be very trifling.

10279. They could set fire to a house, could they not?—Yes.

10280. Have they not done something of the sort?—No.

10281. *Dr. Hoffman.*] If you had to appoint an additional number of guards in consequence of not arming those there at present, would it increase the cost of the island establishment?—I suppose it would.

10282. *Dr. Herman.*] Is it not advisable rather to regard a leper community broadly like any ordinary community and only give the police constables the same amount of authority?—In Cape Town you have policemen as a mere emblem of authority. Everybody knows that if there was any disturbance in Adderley Street say in the day time, all the inhabitants would combine to assist the police, but I take it that on Robben Island the position of things is reversed; there the number of the community under supervision is largely in the majority. If you had an ideal establishment you would have no guards at all, but simply wardsmen, and it would be infinitely preferable if you could conduct the institution on those lines.

10283. Is not the majority of the lepers quiet and inoffensive?—If that is the case then it is not necessary to arm the guards.

10284. The number of criminal lepers is exceedingly small, is it not?—I am only speaking as to abstract principles. I pre-suppose that you place guards on the island to exercise physical authority, not simply to parade a beat as policemen would do in Adderley Street. I also suppose that there is the possibility of a combination among the leper patients, although it may be very remote. If that is so, then I say it is wise for you to arm the guards in order to prevent trouble: not simply for the purpose of shooting down the lepers, but to let the lower class of lepers, the possibly discontented section, see that the men who march up and down have something in their pockets which can inflict very serious injury if they attempt to do hurt to anybody, or attempt to destroy property.

10285. Do not you think the carrying of arms is likely to irritate the lepers?—I do not think so.

10286. Do you think the fact of some twenty or twenty-five men being armed in that way among several hundred lepers is a very serious deterrent?—I think it is.

10287. As a rule, when there is a riot the crowd does not much care for the arms, does it?—In the case of the Featherstone riot there was a suggestion that the soldiers should use blank cartridge first, but it was felt that there must be no paltering with anything and that they must let the rioters know they were in earnest and not merely playing.

10288. Would it not be better generally, as a matter of policy as well as of principle, not to arm the policemen on Robben Island except where occasion arose?—The arms might come too late for the occasion.

10289. Could not the arms be kept in the guard house ready for any emergency?—I do not want to look at the question from an ideal but simply from a practical point of view.

10290. You look at it from a prison point of view, but I must ask you not to do so; I want you to regard it from a hospital or asylum point of view, such as it really is?—You must not put before me an ideal condition of things. I can only speak practically on the matter.

10291. But we are told that Robben Island is an ideal institution?—Then you do not want armed guards. What I would recommend you to do is to find out if there is any evidence of there having been any kind of combination among the lepers, and if you come to the conclusion that there is no evidence of any such combination, then my opinion is that you need not arm

the leper guards. That is the sole point to be arrived at. If you consider it an ideal institution you do not want leper guards, if otherwise, then you want armed guards, and you must put them in a position to exercise their authority to the fullest extent.

10292. *Dr. Fismer.*] Do you think the fact of the guards being armed would exert sufficient moral influence on the lepers so as to prevent any serious riot?—Yes.

10293. You would look at it more as a preventive measure?—Yes. I would have picked men and give them strict instructions so that there might be no misunderstanding as to when they were to use their weapons. Of course it is quite possible for the guards to carry their revolvers without being noticed.

10294. *Dr. Dodds.*] Would you leave it to the medical superintendent to decide when the weapons should be used?—I would not say the medical superintendent but to the civil officer whom I have suggested should be created.

10295. *Dr. Herman.*] What incentive to crime is there on Robben Island?—I do not know. I only speak of the matter in the abstract.

10296. What advantage would it be to the lepers to lock up the guards and place them under control; they could only escape to the mainland?—I am not dealing with the question of escape but an actual riot on the island, without any idea of escaping. Suppose the leper patients, for instance, got discontented with their food on some occasion and had a grudge against some particular warder, there would be nothing to prevent them assaulting the man very seriously.

10297. *Dr. Dodds.*] Should not the warders be armed then also?—No. I think it would irritate the patients to arm the warders, but there should be an outside ring of authority.

10298. *Dr. Herman.*] The establishment covers a very large area and there is only one armed guard at the boundary, is there not?—That I know nothing about. I may say that up to a very recent period, I am not sure that it is not the case now, the Kimberley police all wore revolvers. It depends entirely on your community whether the exhibition of physical force is expedient or otherwise; in some communities it would irritate, in others it would not, it is a matter of habit I imagine.

10299. Do you have any lepers among the convicts?—Occasionally. If so, we segregate them the moment that any disease declares itself.

10300. Do you systematically search for leprosy in the case of prisoners, or how does the matter come to your notice?—Every prisoner has to undergo careful medical inspection, that is, prisoners with any length of sentence; the medical officer has to give a certificate as to his condition; he has the alternative of giving two certificates, either that the prisoner is absolutely free from any disease, or a qualified certificate showing to what extent he is physically affected or infirm.

10301. Do you send such cases to the island?—Yes.

10302. Do you think that adds to the difficulty of administering the establishment on Robben Island?—I do not know. Something will have to be done about it. We have made provision for the establishment of a criminal leper prison.

10303. Do you propose to have it on Robben Island?—That will be for the hospital authorities to determine; we shall act on their advice. As at present determined, we have provided a sum for a building on Robben Island, but whether it will be permanent or not I do not know. The Attorney-General deemed it wise to take such a step.

10304. From your knowledge of the difficulty of dealing with criminals, do you think it would be an advantage to the general character of the asylum on Robben Island that a part of the island should be set apart for criminals?—The difficulty that I see about it is this: if we keep the prisoners there

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permanently, we must keep them employed, and until we can determine, under the advice of the medical authorities, what work these men should do, I do not suppose the Attorney-General will come to any conclusion; they cannot be allowed to mix with the other lepers.

10305. Have you any difficulty now in regard to the healthy convicts working in the leper wards?—We have had no difficulty up to the present. Personally I should prefer that they did not work in the leper wards.

10306. Do you adopt any precautions in the way of disinfectants and so on in regard to the convicts?—That is left to the medical authorities over on the island.

10307. Is there any regulation as to the work they must do?—They must work under supervision, and they are not allowed to communicate with the free people at all.

10308. Could they wash clothes and so on?—It is not done with our knowledge; we should not permit it.

10309. Has it happened that any of the convicts have become infected with leprosy on Robben Island?—I do not think there has been any case on Robben Island; we have had cases on the breakwater and at up-country prisons.

10310. Do not you think it would be better to arm the guards with swords instead of revolvers, if they must be armed; a bullet might kill two poople, the man whom it was intended to kill and another?—I do not think swords are much good; they have not the same weight of authority as revolvers. Upon that point I wish it to be clearly understood that my opinion is given only on the abstract question. I think it would be wise to leave a question of that sort to some supreme authority on the island; it is a practical matter which depends entirely for its solution on the conditions of the island for the time being; they may change at any moment. I may say that I hold the very strongest views about the exercise of physical force on the part of police officers. I should always condemn its use except as the very last resource; but I cannot come to any other conclusion than that I have arrived at, and I have thought the matter over very carefully. What I have stated has been on the hypothesis that the conditions mentioned do exist.

10311. The danger to the public on account of a criminal escaping would be great, would it not?—I do not think so. There are occasions when the escape of a criminal might be a serious thing; but as a rule when a criminal escapes his great point is to keep out of sight, and conceal himself as much as possible.

10312. Do not they generally come back and commit some other crime?—No: not by any means. There are some habitual criminals who commit crime as soon as they get out of prison, but the number of prisoners who resist violently when they are re-captured is comparatively very small. A man may commit crime in order to get clothing perhaps to facilitate his escape, but that is a very modified form of crime.

10313. *Dr. Dodds.*] The remission of a sentence can be arranged under the present regulations if thought advisable, can it not?—Yes; the Governor has absolute power at any moment.

Mr. Dennis Edwards examined.

Mr. *Dennis Edwards.*

10314. *Chairman.*] Are you the editor of the *Cape Register*?—I am responsible for what is published in it.

10315. I gather from articles that have appeared that you take an interest in affairs pertaining to Robben Island?—Yes. I may mention that I have no personal interest. I do not know anyone on the island except Mr. Powys Jones. I know nothing of the other inhabitants.

10316. Have you visited the island yourself?—Yes, before the present wards were erected. It was some time ago.

10317. With regard to an article which appeared in your paper on the 14th inst., do you know anything about the management of the female leper asylum?—Not personally. I received certain information from Mr. Cook, who was a guard at the male and female leper asylums.

10318. Does your information come principally from Mr. Cook?—Yes. He was discharged from the island for not reporting a certain case, and I thought I was justified in hinting that there was something wrong in the management.

10319. Have you been to the island on an ordinary visiting day?—Yes.

10320. *Dr. Herman.*] Have you any other source of information?—I received information two or three days ago about dancing going on among the male and female lepers. It was only hearsay, and I took no notice of it.

10321. Who was your informant?—I do not know where to find him now. I sent a reporter over to the island a week or two ago, and his report appears in the paper, but I have lost sight of him for several days.

10322. *Dr. Dodds.*] Was the dancing going on under any supervision?—I believe so. Some months ago another man wrote me three or four letters with reference to drunkenness on the island.

10323. *Chairman.*] In another article you speak of certain reports which were sent to the Government and not acted upon in any way?—That is more or less hearsay. A member of Parliament had a conversation with Dr. Jane Waterston, and I understand that she told him that certain reports had been sent in from time to time, but no notice was taken of them.

10324. Then there is a statement about drunkenness on the part of certain officials which it is alleged has been notorious for years past; where did you get that information?—That I think was supplied to the reporter who went over.

10325. Then you have received your information through various channels?—Yes.

10326. What is the name of your reporter?—Mr. Dudley Moore. I do not know his address.

10327. Was he the gentleman who wrote this special correspondence?—Yes.

Francis Cook examined.

Francis Cook.

10328. *Chairman.*] Have you any acquaintance with Robben Island?—Yes. I was there for ten months and nineteen days. I went on the 20th of April, 1893, and left last Monday week.

10329. What appointment did you hold?—The first week I was at the typhoid fever hospital looking after the convicts. I was a convict guard then, but subsequently I was transferred as a leper guard.

10330. Did you do duty in connection with the leper wards?—Yes, both male and female.

10331. Did you do day and night duty?—Yes. I did day duty one week in five weeks, and four weeks on night duty.

10332. Where were you posted?—At the nurses' quarters at the boundary line on the male side.

10333. What were the hours of duty?—From six to ten, ten to two, and two to five, with reliefs. There was no guard on between five and six in the morning.

10334. Why was that?—I think it was because it was about the time the male lepers were getting up, and the guard was not required. It is in the regulations, but no reason is stated. The guard just goes off duty.

10335. During the time you served did you notice any disturbances?—Twice since I was there.

10336. What did they arise from?—Once when the members of Parliament came over the lepers attempted to make a demonstration. I was not called

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out then; only about two leper guards were called out; all the others were convict guards; the other disturbance was in connection with the meat.

10337. Were you present then?—Yes.

10338. How did that begin?—The male leper patients wanted to see Dr. Impey. Some of them were more noisy than the others.

10339. Were you on duty before the disturbance began?—I was called from the nurses' quarters; it was between two and three o'clock.

10340. How were you summoned?—I did not hear the whistle, but some one called through the window to pass a revolver, which I did. I also took my revolver and ran up towards the road to stop the men from going up to Dr. Impey's house.

10341. Were the lepers passing the barrier?—Some of them got a little way over the barrier, the rest were still inside. One or two of them got rather excited and wanted to have a row with Dr. Impey, and we were called to draw our revolvers.

10342. Who told you to do so?—The superintendent of the convict station.

10343. Did the men all draw their revolvers?—Not all. Only one revolver was drawn I think. I did not draw mine.

10344. Was there much tumult just then?—Two or three of the men were troublesome.

10345. How many of the lepers were present?—Between 50 and 60.

10346. Were there more coming on?—Yes, but a lot went back.

10347. Did they assault anybody?—One constable was bitten in the hand, but it was nothing much, I believe. I do not think that would have been done, but one of the convict guards in front of Dr. Impey's place was rather rough and this man turned round and caught hold of the constable's hand and bit it with his teeth. It was not a very deep wound, and the doctor burnt it.

10348. What happened next; was Dr. Impey there?—Dr. Impey was there when the disturbance began, when they put the handcuffs on the men.

10349. *Dr. Herman.*] Why did not you draw your revolver?—I only saw one man do so, and I did not think it was needful. The lepers were not armed, only two or three of them had sticks. I do not believe in drawing revolvers on people who are unarmed, and I did not consider there was sufficient danger. I had the case unbuttoned. I had a stick, and as there was one of the constables who had not brought his revolver or any weapon, I lent him my stick to protect himself with. There was a large number of men in front of me doing all they could to prevent a disturbance. I only saw three men really making any disturbance.

10350. Were these Free State lepers?—They came from No. 6 ward.

10351. And they were using their influence to quiet the others?—Yes, they told them to keep quiet when I spoke to them.

10352. What more happened; were there any men handcuffed or arrested?—Three men were taken to prison, but they let them go a few minutes after they were arrested.

10353. Was Dr. Impey assaulted?—He was not assaulted, but they were very rough in speaking to him. I think he got a bit excited over it.

10354. Did they threaten him?—I did not hear them say anything threatening; they spoke very roughly.

10355. Was it in Dutch or English?—In Dutch.

10356. Did you understand what they said?—No; but several could. Afterwards, things quieted down and they gradually dispersed.

10357. Have you ever seen any disturbance in the male leper wards?—I cannot give the date, but one night I was on duty from ten o'clock till five in the morning. It was after a visiting day, and there had been some Malay visitors to No. 6 ward and there seemed to be a bit of excitement. While I was on duty they shouted out to me and told me to clear off. I took no

notice of them and stood there, when they said they would come out with knobkerries and go for me; they also asked me to fight. I reported this to the magistrate in the morning.

10358. What patients occupy No. 6 ward?—They are mostly Hottentots.

10359. Why were they excited in that ward?—Two Hottentots came up to me who were not excited and they told me the others were half mad. I presumed that they had had some drink.

10360. Were there many in the ward?—A good many. About 12 to 16 came out to me.

10361. Were they excited?—About ten of them were very excited and wanted to attack me, but I would not speak to them. I was on the trolly line.

10362. What did you attribute it all to in your own mind?—I thought they had had some drink.

10363. Had they been smoking dagga?—I could not say for certain.

10364. How would they have got drunk?—It may have been smuggled by some of the visitors. It was on a visiting day, after the visitors had gone, between half-past ten and eleven o'clock at night.

10365. Was this the only disturbance of the kind since you were on duty?—Yes.

10366. Are the patients fairly well behaved at night?—Yes, very well behaved.

10367 Do you suspect that they had anything else besides drink?—I cannot say for certain; something excited them.

10368. Did the two men tell you what they had?—The two Hottentots told me they were half mad that night.

10369. *Dr. Herman.*] Were there any lunatics in that ward?—No.

10370. *Chairman.*] What was the termination of this disturbance?—I waited there till they had all gone in, and then I went and called the night watchman up, and he went through the wards to see that they were all in. There were two boys awake and he asked them what the row was all about. They said, "is the guard going to report us?" and he replied "yes, he will report you in the morning." That is all I heard of it. Next day I reported the matter to the magistrate.

10371. Was any investigation held?—I cannot say for certain. I never heard anything more about it.

10372. Were you confronted with any of the individuals afterwards in the magistrate's court?—No, the only thing was the magistrate asked me whether I spoke to them or answered them when they spoke to me.

10373. Was there no public investigation or enquiry?—No.

10374. You say that the men generally are well-behaved?—Very well-behaved; they only want to be dealt with kindly and humoured a little.

10375. *Dr. Herman.*] Do you think there is any need to arm the leper guards with revolvers?—I hardly think it is needful at all myself. I was there before they were armed, and when I heard that they were going to be armed I thought it was not necessary. The constable who was bitten in the hand was somewhat frightened at being alone at night. Sometimes I was at the female leper ward from two to five o'clock in the morning by myself. My opinion is that the male lepers are very well-behaved; it is only when members of Parliament or Commissions come over that they get somewhat excited. The first night I was on duty at the female leper ward, the week after I arrived on the island. there were three men broke into the compound before seven o'clock: two Hottentots and one Cape boy. That is about nine or ten months ago. It was after that that one of the guards told the magistrate he would not be there unless he was armed.

10376. Was it only after that that arms were served out?—Yes.

10377. When you first came were there no arms?—No, only walking-sticks; never any revolvers, not even a baton. There were only two constables' batons on the whole station.

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10378. After this occurrence at the female leper compound, you were armed ?—Yes ; through the constable speaking to the magistrate about it.

10379. Did it irritate the patients ?—When they saw the guards armed with revolvers they did not like it.

10380. How do you know ?—They have told me. They say that they seem to be treated as prisoners. I told them they were not prisoners, that we had to do it for our safety's sake.

10381. Have they taken exception to the guards carrying revolvers ?—They do not like it.

10382. Are you sure of that ?—Yes ; they have said as much.

10383. With regard to the female leper wards, will you state what was the number of guards and what hours they came on duty ; is there any guard there during the day ?—No.

10384. What hour do they come on duty ?—At six o'clock in the evening, and they go off duty at six the next morning. They are relieved during the night.

10385. How many guards are there ?—Six during the night, three on and three off duty. The first three remain on till twelve o'clock.

10386. Who marches the guard down ?—No one ; they go by themselves.

10387. Is there no one who takes the position of a corporal or senior man ?—They took up their posts themselves, I believe until quite recently.

10388. When you were on duty was that the way it was carried on ?—Yes, up to within the last two or three months.

10389. Who sends the reliefs down ?—The night watchman at the convict station calls them. At one time he called them out at quarter-past eleven, but just lately it has been half-past eleven.

10390. Do the reliefs come pretty punctually as a rule ?—Yes.

10391. When going on guard what instructions are given ?—We had to be at our post and take the names of any strangers about, male or female, which were entered in a report book.

10392. Had you to do anything else ?—If any male leper patient tried to get into the compound we had to arrest him and take him up to the station.

10393. Supposing you saw a man passing along the road what would you do ?—We should have to take his name.

10394. You would not interfere with him walking along ?—No ; he can go anywhere he likes ; but if it was a leper we should turn him back.

10395. What other instructions are given ? —We have to take the name of any inhabitant on the island entering the matron's quarters and make a report if anything unusual happens.

10396. Who issued those instructions ?—They are signed by Dr. Impey, and the written instructions are put up at the convict station outside the chief constable's office.

10397. Where they can be easily read ?—Yes.

10398. During the whole time you were on duty did you notice anything unusual, did you observe anyone go into the matron's quarters ?—For some six months before I left a private man visited the matron's quarters between the hours of 7 and 9.30 at night ; he came out about 9.30.

10399. Who was that private person ?————a carpenter.

10400. Was he reported ?—Yes, every time.

10401. Where did the report go to ?—I reported it to the chief constable and after that I had done.

10402. What did the chief constable do ?—He reported it to Dr. Todd.

10403. How often did this happen ?—Dozens of times.——was a frequent visitor from 7 to 9.30 p.m.

10404. Have you ever observed visitors at any other time ?—Yes. I have observed one of the constables of the convict guard who knew this woman going there, and we reported just the same.

10405. What hours did he visit?—Between 6.30 and 8.30 p.m.

10406. What was his name?————one of the convict guards.

10407. What was the name of the matron whom they visited?———

10408. Did she go by any other name?—I have heard that she goes by the name of ———

10409. Was anybody else living with her in the house at the time?—Yes, ——— who left the island about two or three months ago.

10410. Was she in the house with her at the hours you have mentioned?—Yes.

10411. Was the last-named individual always there between 7·30 and 9·30 p.m.?—I have seen her go out for a walk with ——— and I have also seen her walking with ——— between seven and nine.

10412. Who had charge of the female leper ward during the absence of the matron?—I cannot say. I do not know that anyone was in charge.

10413. Have you seen both females go out together?—Yes, up as far as the magazine or dead-house along the road.

10414. You do not know who had charge of the female leper asylum in their absence?—I do not think anyone was in charge.

10415. With regard to the visits paid by these men, was there ever any disturbance between them and the guards; did you ever try to order them off or arrest them?—I never ordered them off.

10416. Do you know whether any of the guards were ever assaulted by anybody?—Not any leper guards, but a convict guard.

10417. Do you know whether a convict guard was ever struck by anybody while on duty?—Yes; I know it because he reported it to me.

10418. What was the name of the guard who was struck?—O'Hearn, an Irishman; he is still on the island.

10419. What time of the day was it?—He did not report it to me till a quarter to six; he was struck about half-past five. He told me on Easter Monday morning; he was struck by the dead-house.

10420. What did O'Hearn tell you?—When he came off duty at a quarter to six he said: "Did you know that ——— had been in there?" I said: "No"; and he then told me he had been struck by him, and his face was all bleeding, and the skin had been taken off in two places. I asked him if ——— struck him with his hand, and he said no, it seemed as if he had a knuckle-duster. I asked him: "Did you say anything to him?" and he said: "No, he called me a ——— cur."

10421. What was O'Hearn doing?—He was looking after five of the sanitary convicts engaged in the latrines.

10422. Did he tell you where the man who struck him came from?—He said he was at the matron's quarters and his hair was all disordered, and he was in a very excited state. I was on duty when the convict guard told me he had been struck by ————, and he only recognized him by his voice as it was dark. Two of the leper guards then walked in and saw ——— in the matron's quarters. I stayed outside the gate. The other two guards were Hinde and Humphries. I and Humphries were dismissed together; Hinde had given notice a week or two before or he would have been dismissed too. We took the occurrence down and made a report of it in the book. The matron then came out in a very excited condition and begged and prayed us not to report the matter. She said she was not frightened for ————, the one who struck the guard, but she was frightened for herself and the constable, O'Hearn. She said that to all of us.

10423. Did you hear her say that?—Yes.

10424. Why was she frightened for O'Hearn?—I do not know; she said she could bring plenty of witnesses. I do not know whether there was anything between them and I could not understand to what she alluded.

10425. What did you three men on duty do?—After we had put the occurrence down in the book the matron begged us to take it out, saying

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that ——— was a respectable man. Humphries said it was more than he dare do to tear the leaf out of the book, but afterwards he did so and we made no report.

10426. Was the matron undressed?—I heard that she was partly dressed. ——— was dressed. That is the evidence given before the magistrate.

10427. Did you see at the time whether they were dressed or undressed?—I was outside.

10428. Did the others see?—Yes.

10429. You say that no report went to the magistrate; you listened to the woman's entreaties and the page was torn out of the report book?—Yes.

10430. Was there an enquiry made by the magistrate?—It seems that the constable who tore the page out of the book went and spoke to his bedfellow at his quarters, and he went and reported it to Parry, the village constable, employed by the magistrate, who was dismissed yesterday. I do I do not know where he is at present. This man went and reported it to the magistrate who made enquiries about the whole affair; he had us up before him at the office at the convict station.

10431. How long did the enquiry last?—About half-an-hour.

10432. Was there any evidence taken?—The magistrate took evidence; but I do not think he took anything about ———.

10433. Were you present?—Yes.

10434. What evidence did you hear taken down?—That———struck the convict guard.

10435. Who was examined by the magistrate?—Myself, Humphries, Hinde, and O'Hearn.

10436. *Dr. Herman.*] Is———on the island at present?—Yes: he is a carpenter.

10437. *Dr. Hoffman.*] You say that these visits were paid between seven and nine in the evening; was it in the summer?—Yes.

10438. Could everybody see what was going on?———used sometimes to creep round the back way so as to avoid the constables.

10439. Have you ever seen him creep through the wires of the fence?—No; but there was a way he could get in to the matron's quarters; there used to be a window at one time, and then a door was made. Before the door was there, he used sometimes to get in at the main gate where the lepers go through.

10440. How long is it since this door was made?—Two or three months. I never saw him get through the fence.

10441. *Dr. Dodds.*] Had———any permit to visit the matron?—No.

10442. How long had he been there on the occasion when you found him?—It is hard to say; he looked as if he had woke up from a drunken sleep.

10443. What was the result of the magisterial enquiry?—I have heard nothing further about it. I want to get at the bottom of it.

10444. Did any other disturbances take place at the female leper ward during the time you were guard?—No.

10445. Did any disturbances take place among the leper patients themselves?—One night I saw one of the patients, whom they called "Mad Sarah," running about inside the fence. I think she is a little out of her mind. It was not a disturbance.

10446. Have any of the male lepers ever visited the female compound?—Only the time when the three men got in.

10447. Were any visitors to the island ever admitted to the female leper compound after six o'clock?—No.

10448. Was anyone ever admitted by a pass at night?—No.

10449. Would it be possible for anybody to get into the female leper compound unobserved by the guards at night?—I think it would, on account of the large area.

10450. Do you consider that three men are insufficient to watch the place thoroughly?—I think so, especially on dark nights. When the nights are light, three men are quite sufficient. Anyone could creep under the fence and so get into the wards without being observed.

10451. *Dr. Herman.*] While the guards are on duty are they protected in any way?—There are two sentry boxes for them.

10452. Has not the third man a sentry box?—No. In case it was stormy or raining he would go into one of the other boxes.

10453. Do not they sometimes all meet together in one of the boxes for a smoke or a rubber of whist?—No; there is no card-playing or drinking.

10454. Do not the three men come together in one box sometimes for a chat?—There was a case where they were all found together and they were fined for it.

10455. Would it be possible to detect any such occurrence?—It could be detected by anyone making a night patrol. The village constable used to go down there at night time.

10456. *Dr. Hoffman.*] I understood you to say that sometimes you were there alone?—That was only the first week. I was on duty from two till five by myself.

10457. *Chairman.*] What was the result of the enquiry made by the magistrate; was anyone dismissed?—Humphries and myself were dismissed.

10458. Did the magistrate state why you were dismissed?—He said it was for neglect of duty.

10459. Were you dismissed immediately after the enquiry, or did any time elapse?—We were dismissed on the Friday.

10460. What day was the enquiry?—On Thursday.

10461. What did the magistrate say?—He only said he had talked the matter over with the doctor, and I presumed he meant Dr. Impey.

10462. Do they generally mean Dr. Impey when they say "the doctor?"—Yes.

10463. What more did he tell you?—He said that as we could not be trusted to do our duty he should have to dismiss us, and we must go.

10464. Did you ask what duty you had neglected?—He told us we had neglected to make a report, and it was on those grounds we were dismissed.

10465. How was it he did not dismiss the third man?—The third man was going to leave for Scotland the following week; he had to pay some money before he could get away from the island.

10466. I suppose he did not think it worth while to dismiss him?—Just so.

10467. Was any notice taken of the accusation against ——— and ———?—It does not seem so.

10468. Are they still on the island?—Yes.

10469. I suppose you recognised that there had been a breach of duty in tearing the leaf out of the report book?—Yes; it should not have been torn out; the report ought to have been sent in.

10470. And no notice was taken of the charge against the individual who struck the guard?—No; nothing seemed to be done.

10471. Was it proved in court that ——— had been at the matron's house and struck one of the guards?—Yes; it was proved in court.

10472. Was it proved that he was absolutely in the matron's room?—Yes.

10473. Did the matron appear?—No.

10474. Nor ———?—No.

10475. *Dr. Dodds.*] Was no charge of assault brought against———?—No.

10476. You did not bring any charge?—No; we merely defended ourselves.

10477. What was the date of the occurrence?—March 26, 1894.

Francis Cook
—
April 27th, 1894.

10478. Have you got your discharge papers here ?—Yes.

[The witness produced the same, to the effect that he had been ten months nineteen days on the island, and testifying to his efficiency and sobriety, and that the reason for his discharge was failing to make a report when on duty.]

10479. *Chairman.*] During the time you were a guard on the island did you see much drunkenness ?—Mr. ———— was drunk very often, but the magistrate did not take much notice of it.

10480. How do you know that he was drunk ?—By the way he walked and the way he went on.

10481. Was it in the day time ?—Yes.

10482. Was he ever reported to the magistrate ?—I cannot say.

10483. Would it have been in your province to arrest him when you were on duty ?—I had nothing to do with that ; it would be the duty of the village police. He is dismissed now, in consequence of a letter which appeared in the papers. He went over last Monday to get his things together. Another official was also dismissed ; they were both reported.

10484. During the last ten months have you seen much drunkenness among the officials in the day time ?—I have seen a lot of it among the leper attendants, not in the day time, but at night when they were off duty. Most of them have left however, some time ago.

10485. *Dr. Hoffman.*] Are there any on the island now whom you often saw drunk ?—No.

10486. Have you ever seen the leper superintendent drunk ?—I have never seen him drunk, but I have heard he was. I think, however, that it was more slander than anything else, or a bit of jealousy among some of the people. I cannot say for certain. The male lepers have been against him.

10487. Why have they been against him ?—If they had a grievance they would bring it against the head man.

10488. *Chairman.*] During your time was there much drinking in the canteen at night ?—Yes, a good deal.

10489. Were there ever quarrels and fights ?—A few, but nothing out of the way ; just ordinary drinking quarrels.

10490. With reference to the condition of the wards at night, were there ever any drunken rows there beyond what you have mentioned ?—I never heard of any.

10491. Nor in the female wards ?—No.

10492. As regards the general condition of the island, are the inhabitants there fairly sober ?—It was all right until the canteen business began, then there were a lot of cases of drunkenness.

10493. At what time was that principally ?—From seven to nine in the evening when the canteen was open. One night I had to take a workman to the station and the magistrate blamed me for not locking him up, but I had no orders. I tried to see him home to his quarters, as he did not know his way. He was summoned and fined.

10494. How was it you had no orders ?—No orders were given me to arrest anyone at all, but the magistrate said that I ought to have arrested this man, who was a workman on the island. There is a lot of drinking goes on on the island, more than there ought to be.

10495. Was there any difficulty in a man getting as much liquor as he wanted ?—No : except the leper constables, they could only get three nights in five weeks to go to the canteen. I only took advantage of that two nights all the time I was there.

10496. *Dr. Herman.*] Why was that, was it because you had so few nights off duty ?—Yes, the convict guards at one time were allowed to go to the canteen every night, but now they are only allowed every other night, half one night and half another.

10497. *Chairman.*] Did they even stay longer than from seven to nine at the canteen ?—No, they were ordered out about nine o'clock, but they could

get too much in those two hours. I do not think myself that they ought to allow any drinking on the premises at all.

10498. How would you suggest that they should get liquor?—They ought to get a moderate quantity by requisition and drink it in their own houses; that is the only way to keep the place sober I think.

10499. *Dr. Herman.*] Would it be difficult to stop the issue of all drink?—I think it would be a great mistake to stop it altogether, because it would only lead to a lot of smuggling going on. There would be a lot of dissatisfaction as well as more secret drinking than ever.

10500. *Chairman.*] How could the liquor be smuggled?—They could smuggle it in baskets of fruit, in private parcels, boot-boxes, and so on.

10501. *Dr. Herman.*] Do you know whether any smuggling goes on now?—I cannot say for certain, I have heard so. I think it would be best to give a certain allowance of liquor to those on the island, but I would not let those who get drunk have any at all.

10502. But would not they smuggle it?—Not if their names were made a note of and their things were searched. There ought to be a proper custom house arrangement by rights.

10503. *Chairman.*] What amusement is there on the island at night for the officials such as guards, attendants and workmen?—I cannot say anything about the workmen, but the constables can play whist or draughts, or else they read. I belonged to the library myself. The leper guards have not much time to go to the canteen, only about three nights in five weeks. I never went to any private places.

10504. *Dr. Hoffman.*] What do you mean by private places?—People's houses, where you could have a friendly drink. I never made any acquaintances on the island; I was generally in my quarters when not on duty. I only visited the canteen twice the first five weeks I was on the island.

10505. *Chairman.*] Is there any recreation room set apart for the constables and others?—There is a reading-room and also a billiard-room for the use of the whole island. The subscription is a shilling a month.

10506. Have the leper patients ever made any complaints to you?—The male lepers have spoken to me of their own free will when I was on duty, and complained about the climate of the island, the cold in winter and the wind; they have also said that their eyesight was affected by the glare of the sun, and that the place was not fit for them.

10507. Where did those lepers who complained come from?—I cannot say. They were chiefly Hottentots.

10508. Did they complain of anything else; did they say they had made application for any treatment?—No; they said their eyesight was affected, and they also complained that the wards were very draughty. Mr. K * * * * spoke to me about the draughts in winter and the heat in summer.

10509. Did they complain at all about the food?—They did not say the food was bad; it was the climate they complained of. The only time I heard them complain about the food was the time when the meat was bad, and there was a disturbance.

10510. Did they ever complain about the want of medical treatment or attention?—They told me that Dr. Todd was the only one who looked after them well; that when Dr. Impey was looking after the male leper wards, he very rarely visited them. Dr. Todd, they said, was very kind to them.

10511. Did they ever complain of unkindness on the part of the attendants?—No; they never said anything against the attendants.

10512. Did they ever complain of any favouritism in serving out stores or clothing?—No; they chiefly complained about their eyesight and the climate of the island, which they said did not agree with them, and that they felt better before they came there, some of them.

10513. As regards the female lepers, what complaints did they make?

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—There was one female leper who said she had not felt so well since she had been on the island. She came from Kimberley. She was speaking to me one evening about 6·30 when the matron, Mrs. Dill, happened to hear her. She was inside the fence and I was outside. She said she had a brother in Port Elizabeth where I came from.

10514. *Dr. Herman.*] Could the men get into the female leper compound at night?—If they wished to do so they could.

10515. Have you known of any case?—I think since the leper guards have been armed with revolvers they have been frightened to attempt anything of the kind.

10516. *Chairman.*] Do you think there is any likelihood of the leper patients combining with the convicts to create a disturbance?—I do not think from what I have heard that they would attempt to combine with the convicts at all.

Cape Town, Monday, April 30th, 1894.

PRESENT:

DR. MURRAY (*Chairman*),

Dr. Dodds, Dr. Fismer, | Dr. Herman.

E. A. Mamwell.
April 30th, 1894

E. A. Mamwell examined.

10517. *Chairman.*] At what time were you serving on Robben Island?—From February, 1893, up to February, 1894, with the exception of three weeks when I was transferred.

10518. In what capacity were you employed?—I was attendant at the lunatic asylum.

10519. During the time you were on the island, did you see anything of the leper asylum at all?—Not much.

10520. While you were on the island, especially latterly, did you see any cases of drunkenness among the officials or attendants?—Yes; mostly among the officials.

10521. At what time of the day or night?—In the afternoon and also in the evening as well at different times.

10522. What were the names of the officials whom you saw drunk?—————, and also ————.

10523. Anybody else?—No, that is all the officials.

10524. When did you see————drunk?—About nine or ten o'clock at night.

10525. Do you remember what month it was?—No.

10526. Did you see it more than once?—Yes.

10527. Was it a common occurence?—Not often, every now and then at intervals.

10528. Where did you see him drunk?—In the street between the canteen and the quarters, and also a time or two at dance parties.

10529. *Dr. Dodds.*] Was Dr. Impey present at the dance parties?—No, they were special parties for the staff.

10530. On the occasion when————was drunk at dance parties, was Dr. Impey present?—No, I do not think he was.

10531. Were the patients present at these dance parties?—No, they were special parties for the staff.

10532. *Chairman.*] Have you ever seen any of the officials drunk in the day time?—Yes, I have seen————drunk once or twice and———— very often. I do not remember the month. It is a good time back.

10533. Was there any enquiry held while you were on the isand as to the drunkenness of either of the individuals you have mentioned?—I do not know for certain.

10534. Had you no duties in connection with the lepers?—None whatever.

10535. Did you see any other officials drunk except the two you have mentioned?—No.

10536. Did you see any of the leper attendants or constables drunk?—Not the constables, but I have seen some of the leper attendants drunk. I think they have all left now, those who used to get drunk.

10537. Where are you transferred to?—I was transferred from Robben Island to go to Port Alfred on condition that I was to receive the same rate of pay. When I got there, the surgeon superintendent told me that I could not receive the same pay, and I then wrote to the Under Colonial Secretary about it.

10538. Why did you leave the island?—Dr. Impey asked me if I would volunteer to go to Port Alfred at the same rate of pay as I was then receiving on the island. I did not leave for any misconduct, as the letter will show. I heard that it was hard to get attendants at Port Alfred. Those are my testimonials from Dr. Impey as to character (produced).

10539. *Dr. Dodds.*] Was drunkenness more frequent during the first part of your stay on the island or during the latter part; did things improve?—Not among the officials; they did among the attendants and workmen.

10540. Why did you leave the island?—It was too monotonous and dreary. I got tired and resigned. I may say that I have seen ——— greatly under the influence of liquor at dance parties.

10541. *Chairman.*] How do you mean under the influence of drink; was not she able to walk?—I have not seen her so bad that she could not walk.

10542. *Dr. Dodds.*] What official was in charge when there was a dance party; was there any medical man there?—No one was in charge, to my knowledge.

10543. Were these dance parties frequent?—Yes; pretty frequent.

10544. *Chairman.*] How were they got up and arranged?—I do not know anything about that.

10545. Where were they held?—Generally in the day room of the female lunatic asylum.

10546. Were the patients invited to be present?—Not at the special dances.

10547. Who were generally present at them?—Miss Robinson, Miss Reid, the schoolmistress, and other inhabitants of the island, and Mr. Gower came after the canteen was closed. Sometimes Dr. Impey came, but very seldom.

10548. Did you attend the dances also?—Yes.

10549. What hour did they commence?—Generally about half-past seven or eight, and terminated from twelve to two o'clock.

10550. Was it more frequently twelve o'clock?—Yes.

10551. Were you stationed on night duty?—No; on day duty.

10552. Who put you on and took you off duty?—We paraded in the morning at the head attendant's office for the keys, and again at six in the evening. At certain times we were on duty from six in the morning until nine at night.

10553. Did you send in any report when you came off duty?—Only to the night attendant, not to any official.

10554. Who did he report to?—He wrote it down in a book, which was handed to the head attendant next morning.

10555. Was it customary for you to make any written report at any time?—No.

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10556. Is there anything else you wish to state?—I remember on one occasion one of the lunatic patients was taken bad at night and Dr. Impey was sent for; he was in the billiard room and was told that he was required at once, but he did not come. On the 11th of May, 1893, when I went on duty from six to nine, the report book was signed when I went on duty at six, whereas it should not have been signed till six the following morning.

10557. How came you to know that the report book was already signed as it were twelve hours in advance?—Because the book was given to us when we went on duty.

10558. Where was it signed?—At the bottom.

10559. Who was it signed by?—Dr. Impey.

10560. Did that happen more than once?—No, that was the only time.

10561. What was the object in signing it then?—I could not say.

10562. Did it strike you as irregular?—Yes. That is the reason why I made a note of it.

10563. Did you draw Dr. Impey's attention to the fact?—No. I should like to draw attention to the fact that the attendants' mess has been carried out in a very indifferent matter and has not been looked after at all.

10564. How many men were in the mess?—About twenty. It was for the male attendants at the lunatic asylum. In Dr. Ross's time, I find, the mess book was looked at and signed by him every month, but since I was on the island the book was never looked at, and not the slightest attention was paid to the attendants' mess.

10565. What did this book record?—The amount of utensils issued by the Government, the ration returns and allowances.

10566. You say that in former years it was examined by the superintendent, but since you were there it was never examined?—Never once.

10567. Was this ever brought to the superintendent's notice?—Yes; because in February, 1893, I wrote a letter to the *Cape Argus* with reference to the mess, and, if I am not mistaken, Dr. Dodds came over. I asked Dr. Impey several times myself to put the mess on a scale similar to a sergeants' mess in the regiment, and he promised me many things, but never carried them out. The place was filthy dirty, and not fit for anyone to eat in; the patients themselves never ate off such dirty things as we did while I was there.

10568. Was there no one to look after the mess?—A coloured lunatic patient was supposed to wash the utensils and keep the room in order.

10569. Then you lived in a very uncomfortable manner as far as the mess was concerned?—Yes.

10570. Did any of the other men complain?—Yes, it was the general complaint.

10571. Did you not bring your complaint forward as a body?—Yes, to Dr. Impey in the early part of February, 1893.

10572. Did a deputation wait upon him?—Yes, about 18 attendants waited on Dr. Impey, but he would not see us. I saw him myself on behalf of the men.

10573. What reply did you get?—He replied verbally that he would advertise in the papers for a good man cook, but he never did so.

10574. How do you know?—We never saw any advertisement at all.

10575. Did you ever get a cook for the mess?—Yes.

10576. Were things improved?—Yes. We paid him £4 a month out of our own pockets; no allowance was made.

10577. Have you had any previous experience in looking after a mess?—Yes; I was caterer for a regimental mess, the 1st East Yorkshire, for three months, and I know what things ought to be.

10578. *Dr. Dodds.*] Did you object to the allowance of food or to the way it was prepared?—The way it was prepared, but at the same time the allowance was not sufficient. We complained of having a patient to look

fter the mess, although the poor fellow did his best. The place was in a lthy condition, and we had no time ourselves to attend to it. The following month, after we had hired the cook at £1 per month, we were turned ut of our quarters, as the clerks required the room and we had to mess with he head attendant. A good many of the men grumbled at having to take heir food with their superior officer.

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10579. Did you feel the isolation when you were over on the island; as it a grievance that you were not able to visit the mainland oftener?—I ave never heard any complaint on that ground.

Cape Town, Friday, May 4th, 1894.

PRESENT:

Dr. Murray *(Chairman)*,

Dr. Dodds,
,, Fismer,
Dr. Herman.

F. J. Humphries examined.

10580. *Chairman.*] Have you ever served on Robben Island?—Yes.

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10581. In what capacity?—As leper constable.

10582. When did you go to the island?—I went there on the 22nd of une last year and was discharged on the 9th of April this year.

10583. Why were you discharged?—For failing to make a report vhile on duty.

10584. Have you got any certificate of character?—Yes, I have a cerificate of character from the army and also one from the Cape Government Railway service (produced).

10585. Why did you leave the Railway Department?—Owing to the nsufficiency of pay.

10586. Have you any certificate of character from Robben Island?—I had a certificate at the date of my discharge, which I left with Mr. Graham while an investigation into my case is going on. The character is good, but t states that I was discharged for failing to make a report.

10587. Will you state the circumstances under which you failed to make a report?—On Easter Monday I was doing duty from twelve at night till six the next morning at the female leper wards, Murray's Bay. About twenty minutes to six in the morning I was coming up my beat and saw the sanitary constable, O'Hearn, talking to constable Cook, and he said he had been struck at the matron's quarters. I went up and asked what was the matter, and he old me that when he went into Mrs. Dill's quarters to see the time it was lark, and while he was feeling in his pocket for some matches, he received a blow on his jaw.

10588. Where was he standing when he got the blow?—Inside Mrs. Dill's quarters, in the sitting room.

10589. How came he to go into the sitting room?—He said that he went in to see the time,

10590. Was he allowed to do so?—I could not say; but while he was there he got the blow, and the individual who struck him said, "you cur." I asked him who struck him, and he said he could not see, but by the voice he considered it was ————, a carpenter on the island. I asked him why he did not go and see so as to make sure, but he said he was afraid he might strike him again. Another constable named Hind came up at the time; he has since gone home to Scotland. We went to the matron's quarters, and then ———— came out from one of the back rooms, and I asked him why he struck O'Hearn. There was another female there. I held ————

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May 4th, 1894.

back, or he would have come up and struck O'Hearn; I said if he struck him I should have to take him to the station, and then he desisted, and Mrs. Dill pushed him back into her quarters again. We then went away to the sentry box at the end of the beat, about fifteen or twenty yards from the gate, and while there, as we were about to make out our report, Mrs. Dill came to me and said, "I hope you are not going to report me." I replied, "Certainly I am: O'Hearn wants me to bring it forward, and therefore I must do so." She begged and prayed me not to do so, but I said I should, and then she turned round to O'Hearn and asked him if he was going to bring it forward and he said he was. She then went away a little distance and then came back again and said to O'Hearn, "all right, you inform; it will not be ——— — who will get into trouble, but it will be you and me; it will be a very serious trouble; there are plenty of witnesses to prove it. I am not frightened of ———, he is a very good man." Then O'Hearn turned round to me and said, "Humphries, never mind; I will settle the matter myself; I will see ———." I did not report the occurrence, but about a week after I was told that the affair was brought up again. I saw O'Hearn and told him, and he seemed in a great state of mind about it and went and told the magistrate.

10591. How do you know that he went to the magistrate?—He told me he had been there.

10592. This you say was a week after the occurrence?—Yes; it was more than a week. I was warned to attend at the office, and O'Hearn gave evidence, but he did not tell the truth straight out when he was asked what he had got to say. He said that we took the matron's feelings into consideration.

10593. Were you present when the investigation was going on in the magistrate's office?—Yes.

10594. Were you at the magistrate's office on a charge of having failed to report?—Yes.

10595. What evidence did you give the magistrate?—What I have just stated to the Commission.

10596. Did you state the whole circumstances of the case?—Yes.

10597. Was the evidence taken down in writing by the magistrate?—No, it was not.

10598. Who was present when the case was being investigated?—Constables Hind and Cook and myself, and Mr. Moore the head overseer, and the chief constable was standing in the doorway.

10599. Who else was charged with dereliction of duty besides yourself?—Constables Cook and Hind.

10600. At the termination of the case did the magistrate pronounce any judgment?—He said to O'Hearn that he was very sorry he had been struck.

10601. Who preferred the charge against you for failing to report?—The magistrate himself.

10602. What evidence was taken besides your own?—My evidence was not taken on that occasion; only O'Hearn's.

10603. Did you make any statement in court?—Yes.

10604. Did Hind make any statement?—He said just a few words, and Cook also said something, but I said the most.

10605. Was there any decision intimated to you?—No.

10606. How came O'Hearn to be in the case if you were only summoned by the magistrate for failing to report?—I cannot say.

10607. Was he summoned as a witness by the magistrate?—Yes.

10608. What evidence did he give?—It was partly the same as mine, but he added that we took into consideration the matron's feelings, owing to her having a family, and the serious trouble it might bring her into and let the matter drop, which was untrue.

10609. During the time you were a constable at the leper wards, did you ever notice anything of a similar nature taking place, anyone coming out of the matron's quarters?—There have been lots of visitors in my time.

10610. At what hours?—In the early morning hours.

10611. What do you call early hours?—Between six and half-past eight or nine.

10612. When Mrs. Dill came out did you notice whether she was dressed or partly dressed?—She only had a dressing gown on. She came out and said to me, "Humphries, I was never so surprised in my life to see ————," but to all appearance he had been there all night. It had been raining a little on the island and the roads were all wet, and if he had come early in the morning his boots would have shown it for one thing; then his hair was all rough and his eyes looked as if he had just got up out of sleep.

10613. *Dr. Herman.*] How did ———— manage to get in there with the guards round the place?—I cannot say exactly how he managed, but two or three times I have caught him trying to get round at the back.

10614. Have you seen him on more than one occasion trying to get in there?—Yes; he did not come up to the main entrance gate, and if anyone comes up the back way it might be difficult on a dark night to detect it. A door was made in the passage between the female quarters and the matron's place, through which a person could get entrance.

10615. I suppose you would be below the skyline and fail to see anyone creeping up?—Yes.

10616. What time did ———— visit the place?—I really could not say. My idea was that he had been in the matron's quarters all the night by his appearance next morning.

10617. Have you any knowledge of cases of the same sort?—No.

10618. What did Mrs. Dill mean by saying that it would be awkward for O'Hearn; was he supposed to be a great friend and visitor?—Not that I know of, but he said something to the magistrate about jealousy on the part of Warner.

10619. Is it a usual thing for the constable to go to the matron's quarters to see the time?—I could not say, but he went there to get the keys, which were just inside the doorway.

10620. How does the sanitary party get in in the morning if the matron is asleep?—The side door is left open.

10621. Is there no one on guard at either of the gates?—Yes, the constable on duty.

10622. I mean inside?—No.

10623. Then if anyone evades the constable he can get inside quite easily, can he not?—Yes.

10624. *Dr. Dodds.*] Was the magistrate made aware that this man was in Mrs. Dill's quarters?—Yes, he told himself in his evidence.

10625. *Dr. Herman.*] What has become of O'Hearn?—He is still on the island; nothing more was said about the matter.

10626. And where is————?—He is also still on the island; nothing more was said. I have been over to the island twice since to visit my friends and I have made some enquiries, but it appears that after constable Cook and myself were discharged the affair dropped. When I returned to the mainland, I went to see Mr. Graham and told him why I was discharged and showed him my papers, and he promised to look into the matter for me, that is three weeks ago. I called on him last Thursday morning, but he said he had not heard anything, and I was to come again, but nothing has been done.

10627. Do you mean to say that it is perfectly permissible for any man on the island to go and visit at the maton's quarters?—It appears that they did so.

10628. Did you ever pay her any visits in that sort of way?—No.

F. J. Humphries.
May 7th, 1894.

10629. Do you know many instances where men on the island have visited the matron's quarters?—Yes.

10630. You say it was quite usual?—Quite usual.

10631. How many visits had she in an evening?—Sometimes three or four would come out of her quarters, and sometimes only ——— would come out.

10632. Was it your duty, when you were on guard, to see that no men came there?—We had a book, and it was our duty to make a note of any strangers going to the matron's quarters. We had to put down the time they went in and the time they came out.

10633. What do you mean by strangers?—Those who had no business in connection with the female leper wards.

10634. Did you make such entry in every instance?—Yes.

10635 You did not always report things, did you?—No.

10636. Did it not strike you as being rather a serious thing?—If I had been at the gate it would have been my duty to have reported ——— for being at the matron's quarters in the morning; constable Cook was in charge of the gate.

10637. If Cook did not report it, you thought that you ought not to report it?—The reason why I did not report it was because O'Hearn said he would settle the matter himself.

10638. Were there other instances of a similar kind which you did not report?—No other instances of a similar kind occurred.

10639. Did nobody visit at the matron's quarters and remain after hours?—As far as I remember, nobody remained after hours; the latest was about quarter past nine.

10640. Was there any fixed time?—Not that I know of.

10641. Do you know of anyone staying till ten or eleven o'clock?—No.

10642. How would you know that they had left the quarters?—I should judge by the lights being out and its being all quiet.

10643. In the present instance, then, your judgment misled you?— Yes.

10644. Have you any reason to suspect that at other times someone may have remained behind?—No; I have not.

10645. Do the constables quite understand their duties on the beat?—I could not say.

10646. Did you understand your duties?— I never had any instructions read out to me. I knew that when I was on duty I had to put down the names of any persons coming in or going out, and had to see that none of the male lepers got into the compound.

10647. Are the constables armed at night?—Yes.

10648. What would you do if a man attempted to get over the fence?—I should call on him to come back.

10649. Would you fire on him?—No.

10650. What are your instructions with reference to the use of firearms?—We are not to use them except in self-defence to save our lives.

10651. Are you given to understand that if a man forces his way into the female leper compound you are to fire at him?—No, I was never given to understand that.

10652. Have you been a constable before?—No.

10653. Do you know of any instances where men have visited the female quarters between six and eight in the morning?—No.

10654. Have you heard such a thing talked about?—No, I have not heard any talk about it. There used to be a female assistant to Mrs. Dill and one of the constables used to visit her in the day time sometimes generally in the afternoon.

10655. Have you heard of a certain constable making arrangements to cohabit with a leper woman?—It was said that ——— had something to do with one of the leper women, and I believe the magistrate enquired into it, but nothing definite was brought out about it.

10656. Do you think there is any truth in it?—I could not say. There was a girl used to sit by the fence.

10657. *Dr. Dodds.*] Did you ever see O'Hearn speaking to her?—No, never.

10658. *Dr Herman.*] Is O'Hearn always on the same duty or do they change the constables about?—If there is no complaint against them they are kept on.

10659. Has O'Hearn been a long time in the force?—No, not long. I should say six months at most.

10660. You say that the magistrate held an enquiry into the rumour?—Yes.

10661. What ground was there for any suspicion?—I could not say. I know the magistrate questioned certain persons, and when they came out of the office I heard them talking about what the magistrate had been asking them. I told ———— myself I had heard something of the matter and he said it was a lie.

10662. *Dr. Dodds.*] When ———— was at the matron's quarters where were the convicts?—Out in the enclosure.

10663. Did it take him long to go in and get the keys as a rule?—I never took particular notice. I never knew that he went there to see the time; I just used to see him open the door, put his hand in, and get the keys and then open the gate for the cart to go through. It was quite possible for anyone to get into the enclosure, because at one part where the workmen had been engaged there was an open space of some six feet square in the fence.

10664. How long was that gap left open?—For months. It was reported in the book two or three times that there was a large break in the fence, but no notice whatever was taken of it, and it was not mended. There was also a gap at another part of the fence, and there was a trolley there on Easter Monday, and I remember when I was going out for a walk on the island with some friends, I saw about 30 of the leper men and women riding up and down in the trolley outside the enclosure.

10665. Were they all mixed up?—Yes; they were pushing the trolley up and letting it run down again. I have also seen the gates wide open and some of the female lepers roaming about on the beach by themselves.

10666. Was there no nurse or attendant with them?—No. Just before I left the island I made a report in the book that I found a female leper on the beach without any attendant. I also reported that a lunatic leper, a coloured woman named Elsie, was wandering about the island at night time by herself. She used to come out through the gate and walk right away. I fetched another constable and sent him after the woman.

10667. *Dr. Herman.*] What time at night was it?—About seven o'clock; it was getting dark.

10668. Do you know if she has ever stayed out all night?—Not to my knowledge.

10669. Do you know if any of the women have ever stayed out all night?—Not to my knowledge.

10670. Do the women ever come down as far as the village?—The only time I ever knew them to come down that way was when the Commission came over; then they only got as far as the boundary.

10671. Have you been instructed to search at night to see if any of the women have got out?—No.

10672. Have you any reason to think that any of the women leave the compound at night?—Generally when I am on my beat I have a small dog with me and it is very sharp, and I remember on one occasion he barked and discovered a woman outside the fence. I should not have seen her but for the dog. When I asked her what she was doing, she got up and went inside her quarters.

10673. Did you report the occurrence?—Yes, in the book.

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10674. When was it?—About a month ago.

10675. To whom do your reports go?—In the morning when we go off duty we hand in the report book to the chief constable. I do not know what he does with it.

10676. *Dr Dodds.*] Did you see any leper man at the same place where the woman was?—No. The only time I remember seeing a male leper about the place was about seven months ago: there was a concert given when the new ward was opened and I was on duty, and as I was coming along my beat I saw a leper man standing against the fence listening to the music. When I went after him he ran away very quickly and got off.

10677. *Dr Herman.*] Was he simply looking on?---Yes.

10678. Do not the leper men attend dances and concerts at the female compound?---No.

10679. Do the females attend entertainments given at the male wards?---No: I do not remember any dance being given at the male wards.

10680 If it is so dark at night that you could not see a woman till you stood almost over her, how do you keep guard at night on a long beat?---There is plenty of opportunity for anybody to get in or out. There are only four lights for the use of the whole lot: two lamps and two bulls-eyes.

10681. Do you carry a bulls-eye lantern?---No. There is one big lamp taken down to the gate, and that is for the man on duty there and the man on duty at the convict station has another lamp.

10682. Do you think it is necessary for you to carry bulls-eyes at night?---I think it is necessary because the beats are very long and it is very easy for anyone to hide himself till the constable has passed and then get underneath the fence. The wind has blown the sand away and left large spaces. I could crawl underneath myself very easily.

10683 *Dr. Herman.*] When you were on duty at the female leper compound did you ever find it necessary to go inside?---No.

10684. Are there any instructions that would occasion the constables to visit inside the compound?---No.

10685. If there was a riot or disturbance in the compound, would you go inside?---We have had no orders to that effect. We simply have to watch that none of the male lepers get inside. In case of fire we should call up the matron, and I believe she has a Roman candle or something of the sort at her quarters and in case of any disturbance or fire breaking out, that would be burnt as a signal for help. I have never seen it nor had any instructions in regard to it.

10686. Is there a man on duty at the convict station all night?---Yes.

10687. Does he constantly keep a look out for the Roman candle?---I cannot say. He goes round and calls the men to go on duty, and has to keep patrolling about the buildings all night so as to see that none of the convicts escape. I only remember the constables on duty at the female leper compound being visited once. There was some disturbance that night at the male leper wards and Mr Moore, the chief constable, came down to Murray's Bay. Before that I never knew of any one coming down there to visit till within the last month and then constable Parry was sent down by the magistrate from the village to visit. Two days after the occurrence at the matron's quarters he came down, but instead of coming up to our beats to visit us, he stood away in the road. If anyone was loitering about in the road it was our duty to see who it was and I blew my whistle and then went down the road to see who it was and I found constable Parry there. He said "all right" and walked away. Next morning there was a report against me for being off my beat and I was brought before the magistrate and fined two days' pay. This man said that that when he was coming down by the quarantine station, a distance of some 400 or 500 yards from where I was, he saw me off my beat, and this was sworn to on oath. The magistrate asked me whether

I had anything to say and I told him this man was swearing falsely, that he never came near our beats but stood in the road, and I went to see who it was. Since leaving the service on the island, I have made enquiries, and represented the case to Mr. Graham, who said that it was not this constable's place to visit us at all; that he had nothing to do with us. I also told him the full particulars. Last Friday I was over on the island and I found that this same constable has been discharged for drunkenness. I told him I was going to try and get my two days' pay back, and he then said he did not know where our beats were. I also told him I thought it was too bad to report me for being off my beat.

10688. When were you on the island last?—On Monday.

10689. And you say this constable had just been discharged for drunkenness?—Yes.

10690. What is his name?—Parry.

10691. Where did he get drink from?—I could not say where he got it. He has not been long on the island, but as soon as he came he made himself very unpleasant. He seemed to have a spite against me. He was supposed to go on duty at eight o'clock in the evening, until two in the morning, and he happened to be in my room, and because I told him to leave and get on duty he took offence.

10692. *Chairman.*] Where did he get the drink from?—He requisitioned for it at the canteen.

10693. How much could be requisitioned for?—He was supposed to belong to the institution, and had power to requisition, but the constables belonging to the convict department were not allowed to requisition.

10694. *Dr. Herman.*] Could he draw as much drink as he wanted on requisition?—Yes.

10695. *Chairman.*] What appointment did constable Parry hold?—He was the constable for the village.

10696. Did he belong to the convict establishment?—No; he belonged to the institution.

10697. Do I understand that there are two sets of constables, one set for duty with the convicts and the other for duty at the village?—Yes.

10698. Have all the men holding the appointment in connection with the village the privilege of requisitioning for liquor?—In this man's case it appears he had; he used to requisition regularly. I have seen the requisitions and also the drink at his quarters.

10699. Who brought it to his quarters?—He fetched it himself from the canteen.

10700. Have you seen the requisitions written in a book?—I saw them in Mr. Campbell's office.

10701. Who issued and signed them?—He wrote out the requisitions himself and signed his name at the bottom, and then got the drink at the canteen and took it to his quarters.

10702. What was the date when you last saw that?—At the end of March last Mr. Campbell had all the requisitions in his office making them up, and he told me that he was rather astonished at the amount of drink Parry had, and he was going to speak about it to the magistrate, but I do not believe he did.

10703. *Dr. Herman.*] Who is Campbell?—The chief constable.

10704. Did no one else know what drink he consumed?—No.

10705. Was this under the new rules?—At that time the canteen was not closed; there were no rules at all.

10706. It is closed now altogether, is it not?—Yes.

10707. What are the rules in force now?—I could not say. The new rules have come out since I was on the island.

10708. *Dr. Dodds.*] Was it under the new rules that he got the liquor?—I cannot say whether the new rules were out then. On our staff we cannot

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requisition at all, but if we are not on duty we are allowed to get a bottle of beer at dinner time, and at night you can go to the canteen from seven till nine.

10709. *Dr. Herman.*] When he got the drink was the canteen open or shut?—I think it was shut. The day after I left the island I had a letter from one of the men there, and he said that Parry had been brought up for being drunk and fined five days' pay; he had a bottle of whisky or brandy in his pocket when he was discovered, and this fell out of his pocket and broke on the floor, whereupon the chief constable made him a prisoner.

10710. While you were on the island was there much drunkenness going on?—I have not seen very much. I never used the canteen myself as I am a teetotaler. There was a good deal of drunkenness among the workmen and labourers. I have seen them sometimes very drunk at night, singing and shouting about the place.

10711. Was no notice taken of that?—There was no constable in the village at that time.

10712. Was it a nuisance to a good many people?—Yes.

10713. Was no complaint made about it?—I cannot say.

10714. Were they workmen sent from the mainland?—Yes; they lived in tents pitched at Irishtown at the back of the library.

10715. *Chairman.*] Is there any other point you would like to mention?—With reference to the affair at the matron's quarters I consider that constable Hind had as much to do with it as constable Cook and myself, and I do not see why we should have been discharged while he was not.

10716. Was he not discharged also?—No. He was going to Scotland, but he did not leave for eight or nine days.

10717. Had he no sentence passed on him?—No. The magistrate told him that would do. The magistrate knew very well he was going to discharge us, but instead of telling us he said he had not made up his mind, but he would see later on.

10718. Did he say why he had not made up his mind?—No; but I think it was this way: if anyone had come over the next day in the boat looking for work, he would have taken them on, and we should have been discharged at once.

10719. Did he say he would consult anybody?—No; he only said he would think it over.

10720. *Dr Herman.*] Do men go over to the island to look for work?—Yes; lots of men come over and make application to the superintendent for work; there are frequently vacancies.

10721. Is the island considered rather a good place?—Yes, you can often get a job there; the pay is not very large, but you can always live more cheaply there than in Cape Town.

10722. *Chairman.*] You said just now that there were a good many rows after the canteen was closed at night, the men shouting and singing; was that a common occurrence?—They were very often singing and shouting when going to their quarters.

10723. Is that of recent date?—Not very recently. I should like to say that the magistrate called Cook and myself up on Friday afternoon just before the boat was leaving, and said that he could not trust us any longer and we would have to go the following Monday. I do not consider that that was at all a proper way of discharging men.

Cape Town, Monday, May 7th, 1894.

PRESENT:

Dr. MURRAY *(Chairman)*,

Dr. Dodds, | Dr. Herman.
,, Fismer, |

Mr. P. Nightingale examined.

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10724. *Chairman.*] Have you had any personal experience on Robben Island ?—I have visited it often.

10725 What was the date of your last visit ?—Rather more than two years ago, but I was a frequent visitor there for about eight years off and on.

10726. Did you take cognizance of the lepers as well as the lunatics ?—Yes: the whole establishment.

10727. *Dr. Herman.*] In what capacity did you visit the island ?—I was sent over by the Government as Commissioner to enquire into different complaints that arose there.

10728. Did you form any opinion as to how the administration of the island might be improved or whether it was defective in any direction ?—I have always thought it was defective, more especially since the population has increased; at one time it was about a third only of what it is now. The chief medical officer who was also lay superintendent appeared to manage fairly well, but after the population increased and there was a greater influx of lepers it seemed to me that the administration was open to improvement.

10729. Would you leave the whole administration of the island to one man or would you create some other official ?—I have always thought that the lay government of the island should be in the hands of an official who was not one of the medical officers.

10730. In other words a magistrate ?—Yes.

10731. Would you be in favour of making it like a village ?—Yes. I would call the official either magistrate, superintendent, or commissioner, give him a good title and a good position and make him responsible for everything there.

10732. What duties would you assign to him ?—All the administrative duties of the island outside the leper and hospital work and the lunatics; there should be a sufficient medical staff, and the medical officers should attend to their own particular business.

10733. Did you come to that conclusion from your actual observations on the island ?—Yes. I saw, for instance, that the medical officer in charge was actually superintending buildings and acting practically as clerk of works; he was also superintending convicts as well as farming operations and other things, such as light-house matters, and had altogether too much on his hands, even at the time I am speaking of, and, of course, since those days the population has largely increased. The medical officers have so much lay work on their hands that they cannot pay proper attention to their professional duties at the same time.

10734. What was the population of the island at the time you speak of ?—I think the last time I was there it was between 500 and 600.

10735. Did you think they were undermanned through mixing up the medical and administrative functions ?—I thought they were not only undermanned, but that everything would work better if the surgeon superintendent was detached from the official work. The office, store, public buildings, and everything, in fact, connected with the island, were in the hands of one man. I think the government of the island should be in the hands of a

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strong man, not an assistant magistrate, but a man able to stand on his own feet. He should also be a senior man and not junior to the surgeon superintendent.

10736. Do you think that such an appointment should be held for many years?—I do not think that Robben Island is a place where a man would care to stay a very long time; it is something like an up-country district where there is a very great isolation and where no man can remain for a length of time with advantage to the public or comfort to himself. I think that three to five years should be the limit. Put a good man there, pay him well and support him in the discharge of his duties, and at the end of the time remove him and replace him by someone else.

10737. What duties would you assign to the medical officer on the island?—Purely hospital duties.

10738. Would you include the administrative work connected with the hospital?—Yes.

10739. Do you think such a system as that would conduce to the stopping of petty jealousies and so on which are known to exist?—I think it would go far to do so. It must be apparent that life on Robben Island is worse even than on board ship; everyone knows his neighbour's business from first to last, and from morning till night, and no person can ever get away from his neighbour. Whatever he does is known, and such a state of things, even on the mainland, would lead to a great deal of unpleasantness. On the island, the community is quite isolated, and quarrelling and friction must be a common thing there.

10740. Would you give the official you recommend any authority to deal with the leper and lunatic institutions on the island; would you, for example, think it advisable to make him an official visitor?—Yes; but I should not think it advisable to give him power to interfere with orders that the medical officers might give.

10741. If he were appointed official visitor, he would generally supervise the establishment in that way, would he not?—Yes.

10742. Would you consider that advisable?—I do not see any objection to it. In the case of the hospitals at Port Elizabeth, Graham's Town, Queen's Town and elsewhere, for instance, the magistrate is always official visitor.

10743. Is the system found to work well?—Yes.

10744. Have you any knowledge of the system in vogue at Graham's Town, where there is a lunatic asylum?—I have been over the asylum several times.

10745. Does the magistrate visit it?—Yes, and it works very well. There has never been any fault found, that I am aware of.

10746. Under such a plan as you suggest, would you make the medical officer in any way junior to the other official?—So far as his professional duties are concerned he would be quite distinct.

10747. Should he still report to the medical department of the Colonial Office?—Unless you gave the local chief official authority to deal with all matters, which I fancy could hardly be done, the medical officer would have to report professionally to the ministerial department.

10748. Would you propose to give the official you recommend any jurisdiction over the inside of the buildings or their management?—I do not think so, that would not answer.

10749. Do you think there is any man in the public service, or any series of men, who would be strong enough to be sent to the island, every five years in rotation?—I could not put my finger on a man at this moment, and I think you would find it rather difficult to get such a man in the public service, but I believe it would be quite possible to find someone either in or out of the service. If the Government required an officer of that sort they should have a free hand to look about.

10750. Would you make the appointment on a par with that of civil commissioner of the Cape division for instance?—I think you would hardly get a man for the same salary that is given to the civil commissioner of the Cape division to isolate himself on Robben Island for a number of years in an unpleasant community.

10751. You think the difficulty might be met by a substantial salary? —Yes, and the status.

10752. What salary would you suggest?—You should give a salary superior to that drawn by the chief medical officer, say £100 a year more, so as to give him a controlling influence as it were in the place and enable him to be looked up to.

10753. Do you not think also that the medical superintendent should have a good salary?—Yes, every official on the island should be well paid; they are all more or less dissatisfied and always have been.

10754. If you had a medical superintendent who received a higher salary and better status, with an additional staff of medical men under him, would not that work equally well as the other plan?—Possibly, if he was a good administrator and knew how to rule men.

10755. Suppose he devoted all his time to the work of administration and nothing else, and simply took a general consulting interest in the medical establishment?—That would come to the same thing.

10756. Do you think he need necessarily be a magistrate or a civil commissioner?—I think he should have judicial authority on the island, otherwise there must be another official having that qualification.

10757. Is there any reason why the medical supintendent should not have that authority?—I do not think he should. I think the medical officer should stick closely to his own particular work.

10758. Might he not have a general administration only over the island? —There would be no objection to that perhaps, provided he was simply an onlooker in connection with the whole establishment, but I would not bring him into contact professionally with the patients.

10759. You think that if he is brought into contact with the patients and attendants in a medical capacity, that by itself unfits him for the general administration of the island?—It would be better that he should keep as much aloof from the patients as possible, and hold a position of superiority over the whole island.

10760. Do you think you would be able to move the officer you suggest so frequently?—It would be a matter of contract or agreement beforehand.

10761. Do you think there would be more difficulty in getting a good medical superintendent or chief than there would be in getting a lay superintendent?—I think so, because a really good professional man would hardly be likely to go to Robben Island for any salary that the Government would be likely to offer him, and besides he should be a qualified magistrate.

10762. Are there any other suggestions you have to offer which might possibly tend to increase the efficiency of the general establishment on the island?—Any other suggestions would be merely matters of detail; the whole thing would very much hinge upon the plan of separating the medical staff from what one might call the governing or administrative staff.

10763. *Chairman.*] I understand that you would be in favour of having a man of judicial mind and adequate training, who would be able to deal with all matters in the way that an ordinary magistrate would?—Decidedly.

10764. Such training is only acquired by years of experience perhaps, is it not?—Yes. Such a man might I dare say be found either in the public service or outside it.

10765. *Dr. Herman.*] Do you think it is advisable to appoint a Board of Commissioners or supervisors to take general control of the island and deal with the admission and discharge of patients, resident on the mainland but

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making frequent visits to the island?—Of course frequent visits would not be so necessary if you adopted the plan I have suggested.

10766. The admission of patients, for example, is a matter involving sometimes considerable doubt; would not a Board be an advantage in such cases?—I take it that that is more a professional question.

10767. Then there is the erection of new buildings, the general conditions of segregation on the island, and so on; do not you think that all such matters would be better settled by a Board, which would at the same time act as official visitors?—Yes, I see no objection to such a plan as that. I daresay it would answer very well, but I do not think it is absolutely necessary. I understand that there are visitors now. I do not know what they do, but I recommended the Government to appoint them some years ago, as I thought the island required visiting at that time.

10768. *Chairman.*] Did it strike you as the result of your inspection that the island really required serious improvement in regard to the administration?—Yes.

10769. You saw that there was weakness in different directions?—Most decidedly.

10770. Did you frame any report to the Government in that direction?—Yes; I wrote many reports.

10771. *Dr. Herman.*] How is it that nothing has been done to alter the condition of things?—I cannot explain it; I am not aware of it.

10772. *Chairman.*] We have it in evidence that Robben Island is very much crowded; in the event of its being found necessary to spend further large sums of money, would you be in favour of spending it there or on some suitable place on the mainland, supposing it was proved scientifically that the disease was contagious and that it was desirable to have leper establishments?—If you keep the lepers on Robben Island and increase the number you may have to increase the building accommodation.

10773. Would you be in favour of removing the lunatics from the island?—I would rather see the lunatics removed than the lepers. It has always struck me as being a good place for lepers. I would take the lunatics away and leave the island as a leper establishment.

10774. *Dr. Herman.*] Do you consider that Robben Island is well adapted for an asylum of that nature?—Yes.

10775. On what account?—Because the patients cannot get away from the place. In the course of my travels through the country during the last two or three years I have seen a number of lepers roaming about, most horrible objects. They used formerly to be sent to Robben Island for a time and were then allowed to leave. They would come to the mainland and then go to the villages where they lived up the country.

10776. *Dr. Fismer.*] Is that the strong point you have in favour of Robben Island as a leper institution?—Yes; it is a place they cannot escape from. If you are going to segregate the lepers at all, you cannot do it better than on the island.

19777. Do not you think the working of the institution on the island is far more expensive than it would be on the mainland?—Yes, it may be.

10778. Would not the administration be much easier on the mainland?—I think so in some respects; it would also be more under the public eye.

10779. *Dr. Herman.*] Do you think the general efficiency of the establishment would be increased by removal to the mainland?—I think so in some respects.

10780. The point you make as to preventing the lepers from escaping from the institution ought not to weigh very strongly; prisoners do not escape very often, do they?—Yes, they do so very often. You will constantly find escaped prisoners advertised for in the *Gazette*. My own opinion is that Robben Island is a capital place for lepers.

10781. Prisoners generally escape when they are working in parties, do they not?—Very often they escape from the prison.

10782. Could not the lepers be equally well guarded on the mainland? —I do not think so; there is the sea.

10783. But the segregation is not complete, is it?—It might be more complete.

10784. If we found that the risk to the public is only comparatively small, would that weigh with you?—No, I think not. I should prefer seeing the lepers segregated on the island, and the lunatics removed.

10785. If we found that the contagion is only confined to the patient himself and only at certain periods, there would not be the same necessity for taking the lepers away and locking them up on the island, would there? —If you are going to segregate them, you cannot do so better than on Robben Island.

10786. Are you in favour of modified segregation at all?—I think that all lepers should be confined on the island. I remember long ago when I was a boy there was a small leper asylum near Port Elizabeth, and the lepers were shut up there, but they were continually getting away.

10787. I presume you base your opinion on the belief that leprosy is contagious?—Yes.

10788. Apart from that would you regard the island as a favourable spot for a large establishment such as now exists there?—Not apart from that.

10789. *Dr. Dodds.*] Do you not think there would be a danger of the clashing of authority if you had a lay superintendent, such as you suggest, and a medical officer?—I do not think so, provided their duties were properly defined.

10790. Take the Public Works Department. You are aware what a trouble the medical officer had in getting them to do certain things; do not you think the same difficulty would occur again?—It would have to be guarded against.

10791. Is it not the fact that in England, in the case of very much larger institutions than Robben Island, almost without exception there is a medical superintendent, who has sole control over all the different departments; do not you think by increasing the medical staff you might get over the difficulty which you point out?—There is a large population on Robben Island not connected with the hospitals.

10792. Is it not important to have an official there who is entirely detached from the administrative responsibilities as regards the quality of stores and the working of the institutions?—I take it that that would fall within the medical branch; the stores would be consumed in the hospitals, and would be subject to the approval of the doctor.

10793. They might blame the magistrate, or whoever the official was, for supplying them with bad food. Is it not all important to get an official entirely detached from responsibility as regards the working of the institution, and who is there simply as an official visitor?—The official that we have been referring to would hold such a position I take it.

10794. Would you propose to place him in charge of public works and stores?—Everything except the hospitals.

10795. But therein lies the difficulty; nearly everything on the island is more or less connected with the hospital work, is it not?—Yes, to some extent. There might be a little difficulty in defining the duties, but I think it could be done.

10796. *Dr. Herman.*] Do not you think the difficulty that has been suggested would be met by simply making the official you suggest a magistrate and official visitor and giving him no other duties at all to perform?—He must generally administer the island outside such official work.

10797. Already there are complaints about the time taken up in referring matters. If everything had to go before the magistrate and

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then be sent over to the Colonial Office, would not that increase the circumlocution?—I would give the magistrate authority to decide a great many things which are now referred to the mainland.

10798. Would it not lead to a continual clashing of authority?—I do not think so, necessarily.

10799 Do not you think it would be better to have a man there who was entirely removed from the immediate responsibility as to the working of the place, so that he could give an opinion without any reference to he himself being at fault or not?—I hardly see what he would have to do.

10800. Do not you see a difficulty in drawing the line so as to define the functions of the respective officials?—The official I suggest should be the representative of the Government on the island.

10801. And have to decide a great many points which are now sent over to the mainland for decision?—Yes; the Government would hold him responsible if his decisions were wrong; he would be practically the Government agent on the island.

10802. Would not the medical officer be in a difficulty as to whether he should write to this official or to Government?—That could be settled by regulations.

10803. Would not it be almost impossible to frame regulations to meet the case?—I do not think so.

10804. Some little time ago there was a dispute on the island as to the quality of the meat, and the assistant magistrate was asked to make an enquiry. In his capacity as lay superintendent, he was partly responsible for the condition of the meat, and the lepers complained to us that he was really adjudicating upon his own case. Would not that kind of thing be continually happening if you had such an official as you suggest?—I do not think so. Take, for instance, the analogous case of a country district where the prison has to be supplied with rations. If there is a complaint made by the district surgeon or the gaoler, the magistrate is the officer who decides whether such complaint is well-founded or not. I have been a magistrate myself for many years, and I have had a great many of those cases before me at different times, and I always decided upon the recommendation of the district surgeon; if the district surgeon said that the meat was not fit for food, that was enough, and I do not anticipate that there would be very much trouble in connection with Robben Island in cases of that kind.

10805. *Chairman.*] Would it not be possible to define the duties of the medical officer; say in the first place you give him entire charge of the hospitals and the patients, and the administration of stores connected with them, together with the power of dismissal of all attendants, the attendants, however, on dismissal, having the right to appeal as they would to an ordinary magistrate; in other words, the medical officer should be the supreme in all medical matters, but where anyone under him had a grievance which the law could redress, the magistrate would investigate it; then you would give the magistrate the administration of the whole island as regards the convicts, guards, buildings, and the sanitary condition of all parts of the island, apart from the hospital, which would appertain to the medical man; would not some such division of work answer, provided you had a strong man and a man of tact?—That is the division of work which I contemplate, and I think rules and regulations could be framed; the lay duties and the professional duties should be separated.

10806. *Dr. Dodds.*] In a large institution like that on Robben Island are not the duties very much mixed up; for instance, suppose the workshops were entirely under the magistrate, and the medical superintendent did not like his patients to go there, might not friction arise?—Those are mere matters of detail.

10807. *Dr. Herman.*] Would you recommend a large addition to the medical staff on the island?—I think there should be an addition to the

medical staff; there are only two medical officers there now I understand. When I first knew the institution there was only one. With the present population there ought to be a couple more medical officers.

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10808. *Dr. Fismer.*] I take it that only at first there would be any difficulty in defining the duties of the magistrate and the medical superintendent; after matters got into working order you do not think they would clash, do you?—I do not think so.

10809. At present the chief medical superintendent is head over the whole island, which causes a great deal of difficulty?—Yes; the present system is objectionable. I think the medical officer should not be mixed up with the lay work.

10810. *Chairman.*] When you were on the island did you observe that a certain number of men were told off as constables?—There were some constables or guards.

10811. Did you observe whether they carried revolvers?—No; they did not do so when I was there. I have heard they do now.

10812. Have you formed any opinion on that point; do you think it has an irritating effect on the patients?—No doubt it has an irritating effect, because only constables guarding convicts can legally be armed, hospital warders ought not to be armed.

10113. Suppose one of the armed constables fired his revolver and killed a leper, what would be his position?—He might be tried for murder under ordinary circumstances.

10814. Would it be illegal?—Yes decidedly in my opinion.

10815. Do you consider it a source of risk to allow these men to be armed?—I should think so, and it must irritate the leper patients. I do not consider they are entitled to be armed under ordinary circumstances.

10816. You regard the lepers in the same light as you would hospital patients?—Yes, quite so.

10817. You would have warders and attendants but not armed constables?—Certainly not.

10818. Do you think that such an arrangement cannot possibly do any good and might be a source of danger?—Yes, decidedly.

Dr. J. F. Dixon further examined.

Dr. *J. F. Dixon.*

10819. *Chairman.*] When did you leave Robben Island?—In December, 1891.

10820. What was the method of administration on the island at that time; did all matters pass through the hands of the chief medical superintendent?—Yes, all matters, and that involved a very great deal of work of a non-medical character, really what I should call ordinance work.

10821. Did it make a great inroad on your time?—It took practically the whole of my time, and gave very little opportunity for scientific or professional duties. I may say that under the system that prevailed I had to sign vouchers and countersign all sorts of accounts, very often relating to things that I could not by any possibility have a personal knowledge of.

10822. Had you to pay attention to disciplinary matters and investigate complaints and charges which were brought to you?—Yes; most of the complaints were brought by myself; the head attendant and matron would occasionally complain of a nurse at either the male or female wards, and I always dealt with those cases, in fact I do not see how anyone but a medical officer could deal with matters connected with hospital servants.

10823. But I take it you had to attend also to matters connected with the general administration of the island, such as convicts, leper guards, police, sanitation and so on?—Yes, and also the stores; all those matters came within my jurisdiction, but they might be separated from the purely medical work.

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10824. How would you suggest to improve the administration?—I would put a civil commissioner on the island; I do not see any advantage in his being a magistrate. Such an officer would deal with the financial branch; all spending of money would go through his hands and I would also make him paymaster and give him complete authority over all stores and make him responsible for their safety, and also for their being replenished so that he could at any time satisfy the requirements of the medical officer.

10825. How would you deal with the government of the island; you say that in your own case most of the complaints came from yourself as it were?—Those were all matters connected with the work inside the asylums or the leper wards; you have constantly to reprove attendants or nurses on account of slackness in some department, untidiness or carelessness it may be, but that of course is not peculiar to Robben Island; in any large medical institution you get occasional deficiencies on the part of the staff, but I do not see how, consistently with the patients you can in any way weaken the authority of the medical officer in dealing with that class of shortcoming, in fact there is a regulation which if it were enforced ought to put him in a fairly secure position; it is printed at the and of the rules and regulations in connection with hospitals and asylums andi s in the form of an agreement in which every nurse and attendant admits the right of the medical superintendent to dismiss them for certain faults of which a list is given; everyone is supposed to sign that on having their appointment confirmed by the Colonial Secretary, but whether that is done or not now I do not know. I think it is very important.

10826. *Dr. Herman.*] What is that called?—An obligation form I think.

10827. *Chairman.*] How would you provide for the nurses or attendants having some appeal in case they thought that justice was not done them?—If a nurse or attendant thinks they are harshly treated by the medical officer, that would be a very difficult point to settle or express an opinion upon. If they have a right of appeal, it is very likely to degenerate into the practice of merely threatening the medical officer with a complaint if he ventures to expostulate. I found that in my own experience, and I am inclined to think that you must judge the medical superintendent by results. If he is a man in the habit of dealing unjustly with his subordinates, nurses, attendants, and so on, he would not be able to get good people to stay with him, and that would tell against him in the long run, or in the immediate future I would almost say.

10828. In the case of the dispute about the meat some time ago, the lepers themselves complained that the assistant magistrate had to adjudicate upon the matter although it was part of his duty to see that the meat was good?—I do not think they could appeal to anyone on the island, because under my system the civil commissioner would be responsible for the quality of all stores, so that he would have to adjudicate upon his own shortcomings if the patients found it necessary to complain. It is part of the duty of the medical superintendent to inspect the rations at frequent intervals. I think I should strengthen very much the visiting element.

10829. Would you be in favour of appointing a resident magistrate on the island and treating it as you would a village?—I think the fact of such an official being resident would very much hamper him as magistrate, there is very little magisterial work to be done on the island. Take for instance the case of provisions, he would not be in any better position for inspecting them or redressing a grievance of any sort because he was magistrate; it is not a case in which a civil action can be brought, and the matter would not come before him in his magisterial capacity but in his capacity as guardian of stores.

10830. In the case of drunkenness, unruly conduct at the canteen or in the streets, who would deal with such breaches of discipline?—If they were sufficiently serious they should be brought into court.

10831. You would want some one to try such cases, would you not?—Yes, unless you sent them over to the mainland. In my time we used to send cases over.

10832. Would not that give rise to expense and delay?—Very little; there is a boat every 48 hours. In the case of brawls or disturbances, we usually locked the offenders up till the following day, and then sent them across with the witnesses. It hardly seems worth while to keep a magistrate on the island for such an occasional contingency.

10833. How would you propose to strengthen the present administration of the island. I think as a preliminary step I should define very accurately in writing the exact relative position and functions of the civil administrator and the principal medical officer, otherwise they would simply weaken each other.

10834. Would you have the civil administrator a medical man?—I think so.

10835. You think he would be better able to deal with matters?—Yes, he must have had some training in hospital and asylum management, but I should so define the relative position of the officers that the people on the island could by no possibility make use of the one as a court of appeal against the other.

10836. *Dr. Herman.*] For what reason would you require the civil administrator to be a medical man?—I think he would more easily understand the requirements of the establishment than a layman, who would have a good deal to learn; he would also be better able to deal with requisitions.

10837. Should the civil administrator have anything to do with the asylums?—Other things being equal, if there was any choice between a layman and a medical experienced officer, I should be in favour of the latter, but I think the great point is to clearly and explicitly define the functions.

10838. You would not allow one to adjudicate against the other or to receive complaints?—No; that would be absolutely fatal. Such a condition of affairs did exist at one time, and the result of allowing an appeal from one official to another on the island was seen in the report of the Committee appointed by the Legislative Council, published in the early part of 1889. Nothing could very well be stronger than the language used in condemning the state of things at that time.

10839. Was there a civil officer on the island then?—There was a Board of three, two medical officers and the chaplain.

10840. What were their functions?—No one could possibly say.

10841. Did they meet frequently?—Once a week formally and oftener informally.

10842. In what way did that system lead to any difficulty?—The tendency was to totally demoralize the servants of the institution. Any system which precludes the possibility of an appeal from one officer to another would be more or less successful, but if such an appeal is allowed the consequence must be disastrous.

10843. *Dr. Dodds.*] Suppose you had a magistrate or commissioner on the island, would you have the Public Works Department under his control?—Yes. I assume that the Colonial Office would not pass any plans that were disapproved of by the medical superintendent, and that due weight would be attached to any complaints that the latter made in regard to construction and so on.

10844. Would the civil administrator have the ordering of work and saying how it was to be done?—Yes.

10845. Would not that lead to friction where the employment of patients was concerned?—The Colonial Office might require the joint recommendation of the two officers before it sanctioned any new building or any structural alteration. The civil administrator for instance would not be able to knock out the end of a ward or make two dormitories into one. The medical

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superintendent would make out the working parties and patients, and then hand them over to the civil administrator for him to utilize them as best he could.

10846. Would not they really be under two authorities?—They would have to come back to the asylum at the meal hours fixed by the medical superintendent, and it would be at his discretion to withdraw them altogether if he thought necessary, but under all the circumstances I think, perhaps it would be better to place the undivided control of working parties under the medical superintendent.

10847. *Dr. Herman.*] Would you give the civil administrator certain privileges with regard to visiting and reporting upon the establishment?—I think it would be a very invidious thing for him to do so.

10848. You would not be inclined to make him a permanent visitor?—I do not think it would be to the interest of the patients or the general public. Unless he was of a very calm and judicial temperament, I think his reports must necessarily be more or less coloured in one direction or the other according to his partiality or otherwise for the various officers on the island.

10849. Apart from the supervision of the financial and store departments there would be no advantage to be gained in your opinion, by having a permanent civil official on the island?—I do not think so. I do not see what there is for him to do.

10850. Could not the senior clerk in the stores department do all that was necessary?—The only thing is that there are temptations in the way of nefarious practices.

10851. *Chairman.*] Suppose there were complaints lodged against the senior clerk as to derelictions of duty, how would you deal with them under your scheme?—The Colonial Secretary would have to be informed.

10852. Would not that perpetuate the present state of things?—I would strengthen the visiting element.

10853. *Dr. Herman.*] Would you propose to have visitors resident on the island?—I think not.

10854. Is not the visiting from the mainland attended with a good deal of difficulty?—I think not.

10855. How frequently should the island be visited?—I should say half-a-dozen times in the year would be enough, more particularly if the visits were at uncertain intervals.

10856. Do you think the visitors should inspect the asylums and see the patients?—They should go into all questions of management and receive any complaints that the patients chose to bring forward. At present it is purely a visit of inspection; the visitors see that the wards are kept clean and so on.

10857. Is it not a fact that at present the establishment is so large and covers such an extensive area that it is absolutely impossible for any visitor to inspect all of it thoroughly in the time at disposal?—I think the visitors might very well alter their arrangements: one or two might constitute themselves into a small Board of Management and sit in the office while the others might do the inspecting.

10858. Do you think such a plan could possibly answer if stores are to be inspected, books overhauled and complaints investigated; would not the work be practically interminable?—I think there might be a sufficiently large committee, which could divide into little groups of two or three and thus easily overtake the work in a day or so, particularly if the latter part of my suggestion is carried out and the visits are never paid on ordinary boat days.

10859. If such a committee was appointed it would have to be composed of persons of experience in hospital management, would it not?—Yes, that is very important.

10860. In other words a Board of experts?—Yes, as far possible.

10861. Would you give them duties of a similar nature as are given to lunacy commissioners?—Very much so. They should report on the efficiency of the establishment and should not be removed by the Colonial Secretary; that is exceedingly important.

10862. You think they should be independent of the Government?—Yes.

10863. Who would appoint them?—They would be appointed by the Governor-in-council.

10864. That is practically the Colonial Secretary, is it not?—You must have some appointing body. The judges are so appointed; one of the first duties of the body I suggest might be to censure the Government or the action of a Government department.

10865. Would you give this committee any further power, as for example dealing with the admission of lepers to the institution?—That would be all dealt with I take it under certain provisions which I discussed when I was previously examined.

10866. Would you have a Medical Board and also a Board of Commissioners to visit?—Any leper would have a right to complain to the visiting commissioners if he thought he was wrongfully detained or if he was in any way dissatisfied, and they might refer the complaint to the Medical Board.

10867. I take it that you would have two Boards?—The Medical Board would be more a body for the purpose of diagnosis, the other Board would be for the purpose of ensuring good administration and the general efficiency of the institution.

10868. Could not you simplify the process by having one Board to do all the work, the body of experts being at the same time the official visitors?—Yes, that would be possible.

10869. Does the present system of appointing official visitors lead to universal satisfaction?—I think not. I find that the visitors are not sufficiently independent. I have known official visitors express the opinion that they could not offer sufficiently independent criticism.

10870. *Chairman.*] Did you find in your experience that under existing arrangements there was a great tendency on the island to form cliques, one section working against another?—Very much so.

10871. Do you think that might be overcome by the plan you suggest?—I think it would tend to do so very much, for instance, the appointment of a civil administrator would ensure the removal of the ringleader in any clique. I do not think either that an officer like the present chief clerk would be required under such a system.

10872. Do these sources of weakness still exist on the island?—From what I hear I should say they do. I have some correspondence here which tends to show the state of affairs on the island about the time I left and shortly after, and which I believe exists more or less at present.

[The witness handed in two letters addressed to the chairman of the Select Committee of the Legislative Council by Dr. Abercrombie and Dr. Landsberg, and also an open letter signed by Dr. Visser.]

10873. With regard to the weakness of administration in 1892, do you think the same sources still continue on the island?—I should say so; I can only express an opinion.

10874. Are the same officials on the island still who were referred to in certain reports made by Dr. Visser in his open letter?—Yes; under the system that prevailed then very many irregularities could take place, and I certainly think that financial inspections should be more frequent than they used to be; I mean inspections by some regular accounting officer deputed by the Colonial Office.

10875. I believe the official visitors only have the power of reporting matters; they have no power to see that their reports are recognised, have they?—No, at present they have not.

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10876. Would you be inclined to add to the powers of official visitors so that their reports might always be printed and published?—I think that would be very useful, and it should be obligatory. The functions of the official visitors should also be extended so that they could investigate matters of conduct generally as well as the administration.

10877. *Dr. Herman.*] Is there in your opinion mismanagement to any considerable extent in connection with the lunatic side of the establishment?—I know very little about what goes on now. I went round the male asylum some time ago, and the place looked very clean and tidy and all seemed to be going on well, but of course a visit of that sort does not give one much insight.

10878. *Chairman.*] Will you state why it was you left the island?—Failing to obtain the support which I considered essential in dealing with a case of insubordination, I requested to be transferred to another institution.

Cape Town, Wednesday, May 15th, 1894.

PRESENT:

Dr. Murray *(Chairman)*,
Dr. Herman. | Dr. Fismer.
,, Dodds,

Dr. Impey further examined.

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10879. *Chairman.*] Your official title is chief and medical superintendent, is it not?—Yes.

10880. Have you any commission stating your responsibilities and duties?—No, nothing at all. I was appointed first as medical superintendent only.

10881. Have you received any special instructions?—None at all.

10882. When you received the appointment was it understood what was to be the scope of your duties?—I was to have sole charge of the island in all respects, both in regard to medical and administrative duties. I may say that there was a set of rules printed by the Colonial Office in 1891, in relation to the work on the island. I was appointed medical superintendent in 1891, and at the end of 1892 I found that the work was getting too much for me altogether, and I asked for assistance, and a lay assistant was appointed.

10883. Is the assistant lay superintendent the present resident magistrate?—Yes. In the rules and regulations it defines what the duties are. I have a lay assistant and a medical assistant.

10884. Are you supposed to have supervision over the police and convicts, and leper and lunatic asylums?—The convicts are rather on a different footing. The lay assistant is also superintendent of convicts. I have nothing to do with him as far as the discipline of the convicts goes, but I am visiting magistrate at the convict station. The convicts are under my charge during working hours; they are handed over to me as superintendent every morning for work, and in the evening I hand them back to the superintendent of convicts. I have nothing to do with the convicts in matters of discipline.

10885. Under existing circumstances do you consider there is much time left for professional work?—No, especially as I have only one assistant. Of course I have to find what time I can.

10886. You think the duties at present are too numerous for you?—Quite so.

10887. With reference to the administration of the island, do all

enquiries that are made pass through your hands?—Yes. If anything occurs which I think requires to be looked into, I write to my lay superintendent and he makes the enquiry and gives me the papers; as magistrate I have nothing to do with it. Supposing for instance a man was brought up for drunkenness, I have nothing to do with the matter while the magistrate is trying the case. The duties are not at all conflicting in that way.

10888. *Dr. Dodds.*] If an attendant is found drunk while on duty, do you enquire into it?—The lay superintendent enquires into it but not as magistrate. In the lunatic asylums I enquire into it as well, but then I get Mr. Jones to take all the evidence and write it down.

10889. But not as magistrate?—No. There is a case on now where an attendant was reported as having struck a patient. I enquired into the matter and found there had apparently been an infringement of the Act, so I got Mr. Jones to try the case as magistrate as well.

10890. *Chairman.*] In the case where one of the constables was struck by the carpenter at the female leper compound, how was that investigated?—The constable neglected to report a certain occurrence, and an enquiry was held by the magistrate, with the result that they were dismissed.

10891. What else was done in that case?—The evidence was taken and forwarded to the Colonial Office for information and instructions.

10892. Is that the usual thing on the island in all such cases?—Yes, in all investigations of that nature.

10893. Are those papers in the Colonial Office at present?—I think so. Cases are not always sent over to the Colonial Office for decision, it depends upon their nature; a serious case is always sent over, but if it is a minor case it would be dealt with by me, and the record would be sent over to the Colonial Office in all cases. Sometimes I do not like the responsibility of dealing with cases myself so I send it to the Colonial Office for instructions. With regard to the case of assault in question, there was some delay in the matter on account of a dispute between Mr. Jones and myself as to the nature of the case. Two of the constables were dismissed for failing to report a certain occurrence, but the constable who was assaulted did not report either. The magistrate said that it was a private matter as he was not on duty, but I contended that he was on duty, and it was his duty to report, hence he should have been dismissed as well as the others. The matter was accordingly referred to the Attorney-General who held that the man who was assaulted was on duty and he should have reported. The papers have now gone in to the Colonial Office.

10894. But was no investigation held as to why a certain man was at the matron's quarters at a time when he ought not to have been there?—Yes; that was gone into, and the whole case was transmitted to the Colonial Office for instructions.

10895. How long ago was that occurrence?—I think it was on the 23rd of March.

10896. Have no instructions reached you yet?—No; there has been a great deal of correspondence about it.

10897. Was the offender suspended from duty temporarily?—No.

10898. *Dr. Dodds.*] Do you make any recommendations when you forward papers to the Colonial Office?—Sometimes I do and sometimes not.

10899. Did you in this case?—The Colonial Office wrote to ask me certain questions about the matron. I had made enquiries before, though not formally, but I found that I could not prove anything against her at all. At the same time I told the Colonial Office that in my private opinion she was not a person who ought to be there.

10900. *Dr. Herman.*] On this occasion a man was found at her quarters in the early hours of the morning; had he any right to be there?—It occurred on Easter Monday at half past five in the morning. I got both parties to write a statement, and it seems that the man had been spending

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the evening with the matron, and they made arrangements that they and some others in the house would start very early for a walk, and he came up with that object. When he got to the house he says that he found the constable there standing in the day room, but this the constable denies; he got very much annoyed at finding the constable there and struck him and pushed him out.

10901. How did this man get into the matron's quarters without being observed by the watchman outside?—That is a point I cannot account for at all; not only did the guards not report it but they did not observe the man going there, at least they say so, but I should say that must be false.

10902. At half past five there would be sufficient light to detect a man walking along the road, would there not?—Yes.

10903. If he got in during the night there might not be sufficient light?—No. It had been raining during the night, and the constable who was assaulted states that he saw the man's boots and they were not muddy at all, which they would have been had he come there in the morning, so that my opinion is that he did not go up in the morning but was there during the night, although I cannot prove it.

10904. Would he not be breaking the regulations by going to the female quarters at half past five in the morning?—There is no regulation against that.

10905. Can persons visit the female quarters at any time?—There is a distinction between the female patients' quarters and the matron's quarters, the latter has an outside door.

10906. Was he allowed to visit the matron's quarters during the night?—No; he should not certainly have gone there; that is why the constables were dismissed because they did not report the matter but hushed it up.

10907. *Chairman.*] In the event of the chief superintendent of the island dismissing persons, do they appeal to the Colonial Office for redress?—As a rule when a person is dismissed he writes a letter to the papers and that you cannot debar him from doing. Sometimes they go to the Colonial Office and state their case there.

10908. What power of dismissal has the chief superintendent of the island?—With regard to daily paid men I have power to deal with them, but those on the fixed establishment I cannot touch at all.

10909. What would you do in the case of an official fairly high up, whom you wished to be dismissed?—I could only report the matter and recommend his dismissal. I have no power to dismiss him.

1910. In reporting a case would you have to call certain evidence to strengthen your position?—Yes; it is a very difficult matter, but as a matter of fact if I recommend a dismissal or transfer and show cause why it should take place, the Colonial Office generally falls in with my wishes. Evidence, however, is required in nearly every case and it is not an easy matter. There is one case in point, that of a temporary clerk, who has been there a long time, but he is not altogether satisfactory; he is very careless and slovenly in his work and one cannot keep anything secret in the office at all, as he gets hold of the most confidential letters and tells things all over the place. Of course you cannot say that it is a crime, nor can you very well bring such delinquencies home. I have spoken about his being transferred, but the authorities say, report it officially; that I cannot do as evidence would have to be brought, and the Colonial Office must be satisfied. It is a difficult thing to bring adequate proof in many cases.

10911. Is there no way in which that system might be improved; do not you think it leads to cliques and combinations?—I think not. They say that there are cliques on Robben Island, but as a matter of fact there are very few.

10912. We have it on evidence that sometimes one medical man will have charge of the leper asylum and sometimes he will have charge of the lunatics, as that hitherto been the custom?—Yes.

10913. How does that work according to your experience?—I think it works very well. The rules provide that the medical work shall be divided between the medical men.

10914. For what period of time do you think it is well to give a medical man charge of certain wards?—Hitherto I have just been guided by circumstances. If I find that there are complaints at the leper wards which I do not quite understand, and think ought to be investigated, I take them over in order to find out what is wrong and how things are being managed there. That is the only way to really understand the management of the place. When I am satisfied that things are going on satisfactorily I change to another ward and so on.

10915. We have it on evidence that dagga was issued to the leper patients by order of Dr. Todd; is that so?—No, it is just the opposite. There has been a correspondence about dagga for a long time. Dr. Todd has had charge of the leper wards, and finding that he could not get up the cases and so on, I took charge of a portion, the hospital and out-patients. This was about February last. While I was in charge I allowed some of the men to use dagga, and I gave some a drachm and some two drachms daily, and that went on for a little while until the dagga ran short. I communicated with the Colonial Office, and asked for their sanction to my introducing dagga, because I thought some of the patients had been accustomed to it, and it could not do them any harm.

10916. *Dr. Herman.*] Is it colonial dagga?—Yes; otherwise Indian hemp.

10917. *Chairman.*] To what class of men was it issued?—To the deserving men. I issued it to eighteen, all coloured men.

10918. Was it issued as a privilege?—Yes; as a special privilege. In two or three cases it was issued to men suffering from asthma, for medical purposes. These men have had it for the last eighteen months, I think.

10919. Does it relieve them?—Yes; at once. It is the only thing that does relieve them. Those who are healthy simply smoke it instead of tobacco. When I left the wards, it was stopped for two reasons, one being that we could not get any more, and then Dr. Todd objected to it.

10920. What effect did it have on the men as long as you had charge?—None at all.

10921. Did not its use lead to disturbances and quarrels?—No. There has been some correspondence about it. I got a letter from the Colonial Office; Dr. Todd had made a statement that one man had been under the influence of dagga and nearly stabbed another, and further that I supplied the dagga, which was deliberately false.

10922. Would there be any difficulty in stopping the allowance of dagga, assuming that it had been issued for a certain period by one medical man, and another one succeeding him immediately discontinued it?—No; and to show you how little difficulty there is, I may say that ever since I gave over the wards the men have not had any dagga, because the supply ran short. I left the wards on the 16th April and they have not had any since, and not a word has been said about it.

10923. Who manages these wards?—Dr. Todd.

10924. And there has been no difficulty in discontinuing the use of dagga?—No.

10925. Have you any reason to suppose that the men get it although it is not allowed?—In one or two instances we have found it smuggled into the place.

10926. It is possible, is it not, that although the official allowance is stopped, still dagga is used?—Yes.

10927. From your own medical experience is the use of dagga likely to grow on a person and create a certain craving?—Not any more than tobacco.

10928. *Dr. Herman.*] It is not like opium is it?—No, not in small

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quantities. If a man was to use a large quantity it would be very harmful.

10929. Do you issue opium to any of the patients?—No; certainly not.

10930. Would you issue it as a privilege if you had any Indian patients?—I do not think so. I do not consider that a small quantity of dagga does these men harm. I look on the patients as prisoners for life, and as such we should try and give them any little pleasure they like, provided it does not do them any harm. If it did them harm I would stop it at once, in fact it is stopped now because we cannot get any more. A large number of the men never smoke tobacco at all; they have been accustomed to dagga all their lives, as for instance the Kat river Hottentots. I have seen dagga do a great deal of harm; I remember when I was at Aliwal North one man got mad whenever he smoked it, but as soon as he stopped it he got all right; in a case of that kind it would be criminal to allow its use.

10931. *Dr. Fismer.*] Do you consider dagga smoking more injurious than tobacco smoking?—Excessive dagga smoking is bad; they can smoke a great deal more tobacco than dagga, but two drachms a day could not do them any harm.

10932. Has it a narcotic effect?—Not a small quantity.

10933. *Chairman.*] We have certain evidence about the detention of doubtful cases on Robben Island, and I think you yourself furnished certain records: I believe one case was detained for eighteen months before being finally dealt with?—I do not remember any special case. In May, 1891, I reported certain cases as doubtful. I said they were not lepers, I did not say they were doubtful, but the Colonial Office wants me in cases where I say they are not lepers to put them down as doubtful, because my opinion may differ from that of other medical men. After a good deal of enquiry a Commission was appointed to come over and see these cases and pronounced them all lepers; in fact they laughed at me and said I knew nothing about it. That was in 1891; in 1892 I got instructions to certify all lepers and I did not know what to do about these cases which I had reported as non-lepers, but the Commission decided were leprous; foolishly I gave in to the Commission and certified that they were lepers, and then there was a great deal of correspondence about it. Now I see that I did wrong in certifying, but subsequently to the Act being in force I inspected these cases again and found that my original opinion was correct, that they were not lepers. I reported this and they were discharged. I may state that when the Act was first put into force crowds of patients came in and it was almost impossible to keep pace with the work of examination and report definitely; some confusion occurred and sometimes mistakes were made.

10934. *Chairman.*] Are there any doubtful cases on the island now?—There is one doubtful case, in my opinion.

10935. How long has that been there?—About six or seven months.

10936. How is it that case cannot be definitely dealt with?—Owing to difference of opinion; I say it is not a case of leprosy, and Dr. Todd says it is.

10937. How would you propose to eventually settle it for the benefit of the individual concerned?—It happens to be rather a peculiar case, the child of a white patient, Mrs. ———. She has got a non-leprous child living with her, as well as a baby, in a separate building.

10938. Do you say that one child is leprous and the other not?—I say that both are non-leprous; one is certainly not, and the other is doubtful. Dr. Todd says that it is a case of leprosy, but I am not at all satisfied, so we cannot agree upon the point. I think that is a case which might be examined by other medical men.

10939. How would you provide for such cases in future?—I think there should be a Board to which such cases might be referred.

10940. *Dr. Herman.*] You say that certain cases were discharged upon

your recommendation that they were not lepers?—They were sent to the Old Somerset Hospital.

10941. What has become of them?—I do not know; they were subsequently discharged, I think.

10942. Do you think there is any ground for believing that they have become diseased since then?—I have not heard a word since about them.

10943. Have you had considerable doubt in a good many cases?—Yes.

10944. Have you expressed an opinion at one time that a person was a leper and later on altered your opinion?—I have done so in one or two instances; it is very difficult sometimes to tell, especially when the disease is associated with syphilis. I may say that there is one case on the island still, a man named Thomas; I was so convinced of the nature of his disease that I would never allow him to go into the leper wards at all; he has remained in the village ever since the Act was put into force; he has been living in a little room I had put up for him, and I suppose he will remain there until he dies. It is rather a curious case; the man has lost both his feet, and he says it was through their being scalded. Whether that is the case or not, I do not know, but certainly he is not a leper. He was only finally discharged from the leper wards a short time ago.

10945. Why did you sign the certificate in that case that he was suffering from leprosy?—For the same reason as in the case of the others. This was one of the cases that the Commission of medical men decided was leprous.

10946. What authority have you, if the man is certified as a leper under warrant, to keep him in any other place but the leper asylum?—The warrant says he is to be detained on Robben Island; no particular part is specified. I think lepers can be kept anywhere on the island according to the warrant.

10947. Is it not the intention that they should not be kept among healthy persons?—I was so convinced that this man was not a leper that I would not let him go among the others; he has not lived among them for the last three years.

10948. Has not this been cited as the cure of a case of leprosy by immersion in boiling water?—That may be, he has not got leprosy now certainly.

10949. Is it a case of arrested leprosy?—No, I do not think he has ever had leprosy.

10950. Has he lived in the leper wards for some years?—Yes; he was sent over, I believe, as a chronic sick pauper, then he was put into the leper wards and afterwards transferred back as they did not know what to do with him; he is a cripple about 60 years of age and goes about on his knees. He has been discharged as a leper and taken on as a pauper. The question of having to decide whether a man is a leper or not is a serious one, and it is hard for us to have to decide whether a man should be kept under warrant. If a patient comes over he comes with a warrant and I am obliged to keep him; it does not matter whether he is a leper or not.

10951. *Dr. Dodds.*] Within what time do you certify your own opinion?—I have to certify at once, but one cannot always do that. Sometimes we have to put patients under observation, it may be for a month or perhaps three months.

10952. *Dr. Herman.*] Do you put them in the leper wards?—We have rooms built now for doubtful cases.

10953. How many doubtful cases have you sent to the Old Somerset Hospital recently?—Four; two are not lepers and two are doubtful cases.

10954. Are those cases from Bechuanaland?—No. One of these patients was born deformed, without fingers.

10955. Have you anything to say about lunatic lepers; how many are there?—There is one certified male lunatic leper; there is also a man

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who is rather foolish but he is not certified. Then there are ten female leper lunatics.

10956. Have you any difficulty with them?—No difficulty at all.

10957. Are they well looked after?—Yes; I have a special leper attendant for the females, and they have a separate ward, and the male leper has a separate room. I have authority to build a row of rooms for the female lunatic lepers.

10958. Do you think the nursing establishment in connection with the female leper establishment requires to be put on a different footing, has not there been some difficulty with the matrons?—I have not had very much difficulty.

10959. Have you any general suggestions to make?—What I should like would be to get the patients looked after by some sisterhood. I believe nuns for instance would do the work very well, as they would devote their lives to it; we do not want persons to work there merely for the money. On account of the isolation, the nature of the disease, and other things it is very difficult to get females for leper work. I believe it was the intention of Mrs. Pavel who was there as matron to spend her life on the island and I was very sorry that she left, but she did leave, and the present matron is not altogether satisfactory, but the difficulty is to get anyone to take her place. You can hardly imagine a woman devoting her life to live among lepers for the sake of £50 a year.

10960. We have heard that the present matron is so hard worked that she has not even time to get her meals?—That is not so; she has two assistants now.

10961. Do not you think it would be well to adopt some such plan as you have adopted in the male wards; there you have something like eleven white attendants?—It might perhaps be a very good suggestion.

10962. Would you have two nurses to each pavilion?—I leave that to the matron; if she says that she wants more assistance I give it, but I do not do so unless she asks. I think perhaps we might have a larger staff, but the difficulty is this, I am afraid of having a lot of women in the place alone; it would be found that there was more difficulty in looking after them than in looking after the patients; there would be no end of squabbling and trouble.

10963. *Chairman.*] Would not that be obviated by making the matron the supreme authority?—I do not see how we could do that. The matron might be the very one to abuse her authority.

10964. *Dr. Herman.*] We have been told in evidence that there is reason to suppose that the men make appointments with the female leper patients and visit them at night; has anything of the kind been brought to your notice?—Just a few days ago, in connection with the investigation which is going on now, Mr. Jones reported a matter to me, but we could find out nothing definite at all.

10965. What precautions are taken in order to prevent any intimacy; is there sufficient safeguard against the women getting out of the compound at night or the men getting in?—There are three constables on duty and I think that should be quite sufficient.

10966. Can they guard the whole compound properly?—It is about 120 yards square and if three men cannot guard that they cannot be much good.

10967. There is a suspicion that the carpenter got in at night without being observed is there not?—I think not. I think he got in and was observed but the constables did not report it. There is a sentry box close to the gate.

10968. *Dr. Dodds.*] How much does the guarding of the compound cost now?—About £200 a year.

10969. With regard to what is alleged about the matron, has it not a

bad effect upon the discipline of the place?—I think so. If I could summarily dismiss her it would be a different thing, but I cannot do so.

10970. If you made a strong representation to the Colonial Office that it was in the interest of the discipline of the institution that she should receive a month's notice, would they refuse to act?—They would not refuse but before they sanctioned it they would would want me to bring proof.

10971. Would that be so in the case of a daily paid servant?—It would in the case of a matron.

10972. Have you made any strong representations of this case; it would seem that two constables were dismissed, while the real offender was kept on and apparently never even reprimanded?—The question is, was it an offence.

10973. Could any number of persons go to the matron's quarters in that way without its being regarded as an offence?—There is no proof that there was anything wrong, although it is easy enough to say so. It would of course be very wrong if the man had stayed all night there, but he says he went there early in the morning for the purpose of going out for a walk; he would not want a pass for that. The island is not so bad as some people would try to make out. You hear all kinds of reports, but if the Commission want to find out exactly the real state of things, they should go and stay for a fortnight over there. People form wrong ideas of the place altogether.

10974. *Chairman.*] It seems that in the case of the assault on the constable justice halted half way; two men were dismissed but the real offender in the matter was kept on, and these are the things which give the public a bad impression?—The public do not know all the facts of the case.

10975. When the magistrate learned that there had been a brawl at the matron's quarters, and that she was to some extent a party in receiving the man at an unusual hour, why did he not go into that?—Mr. Jones reported to me that there were certain rumours about this matter and I wrote to Mrs. Dill and the man also, asking for an explanation, which was sent, and the report was transmitted to the Colonial Office. I wanted O'Hearn to be dismissed, but Mr. Jones would not have it.

10976. Why was not the matron dismissed; she did not report the occurrence?—For my own part I think she should go, not only in regard to this matter, but for other reasons. The question is, who are you going to get to put in her place?—

10977. Is it difficult to get persons to fill such an appointment?—Yes; I have advertised, but could not get a single person for the post at the time that Mrs. Wilson resigned and I was in a great fix, and I had to beg her to stay, as the place could not be left unprotected, but she would not stay unless her pay was raised. It is very lonely at Murray's Bay, and not at all a pleasant appointment.

10978. Is the work very hard?—I do not think so.

10979. *Dr. Dodds.*] Has there been much trouble lately through drunkenness on the island?—No.

10980. I believe there have been some new regulations?—Yes; the bar is closed entirely so far as the sale of intoxicating liquors is concerned, and each individual on the island is allowanced; they can draw liquor twice a week.

10981. *Dr. Herman.*] How much can they obtain?—It varies; they can get a bottle of brandy or whisky twice a week, or a bottle of beer every day, or a bottle of wine twice a week; some of course do not want so much as that.

10982. *Chairman.*] If they draw the spirits can they get beer as well?—No, it is alternative.

10983. *Dr. Herman.*] How many persons would share two bottles of

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brandy a week ?—An attendant, for instance, would draw that quantity and share it with his family or visitors.

10984. An unmarried attendant might get his two bottles of brandy and consume it all himself, might he not ?—Yes; they can draw it on Tuesday and Saturday.

10985. Do visitors get liquor ?—They must get special permission.

10986. Do the attendants consume the liquor in their own rooms ?—They can do so if they like, but it cannot be taken into the asylum. As a matter of fact the liquor is drawn by the head attendant for the mess, in which there are 22 men.

10987. Have matters improved at all under the new regulations ?—I think so; there is not much difficulty on the island in regard to drunkenness; it is very much exaggerated, and some people try to make out that it is much worse than really is the case. Of course there are some cases of drunkenness. I may say that I have had a return made out of the number of attendants dismissed for drunkenness, and there have been very few.

10988. Has not the bar-keeper been recently dismissed ?—No; he was not dismissed; he is suspended while an enquiry is being made into certain matters.

10989. *Chairman.*] Taking the population of Robben Island and the circumstances under which they live, are you of opinion that they are remarkable for their sobriety ?—I do not say that; cases of drunkenness do occur but they are exaggerated and made the most of as a rule.

10990. *Dr. Dodds.*] Is not an allowance of two bottles of brandy a week rather liberal ?—I do not think so; there are some people who drink a bottle a day. They do not all draw two bottles a week; a man is asked what he is accustomed to.

10991. *Dr. Herman.*] Would it not simplify matters if you prohibited all drink on the island ?—No; you would not get men to do the work.

10992. Is there any difficulty in getting Robben Island proclaimed as a local option area ?—As I say, you would never get men to do the work if such was the case.

10993. *Dr. Dodds.*] Have you any suggestions to make ?—Leave Robben Island alone and it will be all right.

10994. Do you think if the island was constituted a village and a magistrate appointed there it would be a good thing ?—No, I do not think so. I think a magistrate is a mistake on the island. It is purely a medical institution, and everybody on the island is working for the one aim, namely, the comfort of the patients. It is as much a medical institution as the New Somerset Hospital, or the Valkenberg Asylum. There are no magisterial cases to speak of, and the cases that do occur can easily be disposed of by the superintendent. If there is a case of drunkenness on the part of an attendant, I can adjudicate upon it as superintendent, or Mr. Jones can do so as a magistrate; as a matter of fact, it is treated by both of us now.

10995. Would you prefer to bring offenders over to Cape Town to be tried ?—You might have a visiting magistrate, once a week, if there are any cases. Months often go by without Mr. Jones having a single case.

10996. How is he employed ?—He does the accounts and lay work.

10997. Do not you think it would strengthen your hands if your jurisdiction was confined entirely to hospital work ?—No, I do not think so at all; it would weaken my position immensely.

10998. *Dr. Dodds.*] Could not the work connected with the management of the schools, boat communication, post office, payment of accounts and so on, be delegated to the civil commissioner just as if Robben Island were a village, you yourself only having cognizance of offences committed within the institution ?—That is a very important point; somebody must be responsible, and the one who is responsible should be the head of the island. If a magistrate was appointed you would not get a medical man to work

under him, and if you once commence to divide the responsibility it will be a mistake.

10999. *Chairman*]. Do you think it would be a good thing if the official reports of the visitors were published ?—Yes.

11000. What becomes now of all the reports that are made by you and others to the Colonial Office ; are they published in a blue book ?—No.

11001. Do you think that should be done ?—I am afraid it would be too voluminous.

11002. Would it not be possible to have a division of the duties on the island on some such lines as these : an administrative official who would be responsible for the administration of the island in the way of police, stores, and before whom all complaints could be laid and dealt with, and another official to do purely medical and hospital work ; at present the whole duties devolve upon one man ?—If you have divided power or divided responsibility there would be constant disagreements ; you might have a magistrate also who would not be in touch with the difficulties of the medical administration.

11003. *Dr. Dodds.*] I take it that you think there ought to be one man supreme, whether he be a layman or a medical man ?—Yes.

11004. You prefer a medical man, but rather than have two authorities you think it would be best even to have a lay administrator, do you not ?—Yes, you cannot have two authorities.

11005. Would it answer to have a resident magistrate and civil commissioner who would also be a permanent official visitor and have charge of the convicts ?—Yes ; quite independent of the medical superintendent or chief of the island and having no administrative duties ; that might meet the difficulty perhaps.

11006. Are there any other duties which such an official could perform ?—He might take charge of the library, the club, post-office, and educational matters and so on.

11007. *Dr. Herman.*] Would you make him a superior officer and give him a large salary ?—The work would not be very heavy.

11008. *Dr. Dodds.*] Do you think it would be a good thing to have something in the nature of a co-operative store on the island ?—Yes ; something of the kind would be an advantage. Pereira, the chief boatman, has a store at present, and is said to be making a good thing out of it, but it is hardly right that he should have the privilege.

11009. *Dr. Herman.*] Can he sell what he likes ?—Yes ; but I think the Government should take it over, and a larger assortment of goods might be kept in stock. Some of the lepers buy a good deal. With reference to what I was asked about the meat I may state that our beef is purchased from Messrs. Combrinck & Co. A whole carcase is always purchased, never portions of one. This goes into the butcher's shop, from thence it is issued to all the departments indiscriminately, and to the officers and employés on private requisition. We have only one butcher's shop, and all the meat is kept in it. There is no distinction made between the lepers and any other patients or inhabitants on the island. On the day the lepers complained of the bad quality of the meat, I had a portion of the meat on my table. Sheep are slaughtered on the island.

Cape Town, Friday, May 18th, 1894.

PRESENT.

DR. MURRAY *(Chairman)*,

Dr. Fismer, | Dr. Herman.
,, Dodds, |

Mrs. A. Wilson examined.

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11010. *Chairman.*] Have you served in any official capacity on Robben Island?—Yes, I was assistant matron at the female leper wards for nearly six months. I left on the 17th of March last. I went as nurse, but it was not nursing that I had to do. I was appointed by Dr. Impey after answering an advertisement.

11011. When you got your appointment were your duties defined?—I was supposed to do nursing.

11012. Did you get any list of your duties?—No.

11013. Who gave you your instructions?—I had to do what Mrs. Dill, the matron, told me, but I was really nothing but a general servant to her and her children.

11014. Who did you recognize as your chief?—I suppose the matron. I had to do cooking, scrubbing, cleaning, pumping water, chopping wood and so on.

11015. Did you do any night work?—I might be called up if anyone was very sick or dying. My work began at five o'clock in the morning.

11016. Where did you live?—At the matron's quarters for a little time and then I had one of the out offices.

11017. Do you consider that the female lepers had a sufficient number of attendants to look after them or were you overworked?—Yes, very much overworked. Latterly I was appointed to the lunatic lepers.

11018. How many had you under your charge?—Eleven.

11018a. Did they occupy a pavilion to themselves?—They had one ward.

11019. Did you find it difficult to manage the lepers?—Not particularly so; on the whole they were very agreeable and obedient.

11020. Did they ever complain to you?—Only about their wish to go home. They said the food and everything else was good.

11021. During the time you were there were there any disturbances?—Yes. There was a disturbance when the Commission came over and on a previous occasion. At such times the patients alweys get excited because they get an idea that they are going to be released.

11022. During your time were there any disturbances at night?—No. I have left nearly two months now.

11023. How came you to leave the island?—I could not put up with the matron's behaviour. I did not go over as a general servant but as a nurse. The matron had some of her children living with her and I had to cook for them all. I told Dr. Impey when I was leaving. She also had visitors, and I did not like it, as we were only two females there.

11024. Were they male visitors?—Yes.

11025. Did they come at all hours?—I cannot say. When she was insulting to me I went into my room about seven or eight o'clock. Since the door was made in the matron's quarters, visitors do not go through the gate. I think she treated me badly because she wanted to get rid of me.

11026. Was this door you speak of made while you were there?—Yes. It was made so that the matron might more readily have access to the

quarters of the female paying patient adjoining. I have heard that the matron has made accusations against my character, which I entirely repudiate. She used to swear and use the most dreadful language to the patients.

11027. Do you remember any occasion when the matron used any undue violence ?—She behaved very roughly to me one Sunday, about a month before I left.

11028. When did you leave ?—On the 17th of March last.

11029. Did you lodge any complaint about the treatment you received ?—No ; I did not want to make any trouble.

11030. While you were on the island was there any disturbance between any of the matron's visitors and others ?—Not that I know of.

11031. You left because you found it impossible to get on with the matron ?—Yes.

11032. *Dr. Herman.*] Do you mean us to understand that your duties on the island were largely concerned in attending to the wants of the matron and her children ?—Yes, certainly. I acted more as a general servant than as a nurse.

11033. Had Mrs. Dill any other servant ?—No. She was allowed a servant but she never got one.

11034. Did you live in the same house with her ?—Yes, for some time.

11035. Had she healthy children living with her ?—Yes, a boy and a girl. The boy was employed by the Government to run errands and the girl went to school every morning ; she was about 11 years old.

11036. On Sundays were there people staying there ?—All the matron's children came to dinner on Sunday and stayed the whole day.

11037. Did they play about in the compound while they were there ?—No, the matron did not allow them to go into the wards.

11038. *Dr. Dodds.*] Have you seen the children in the wards ?—I may have seen the little girl there with her mother.

11039. Did any of the lepers wash up dishes and so on for the matron ?—Yes, sometimes.

11040. Did you ever use any disinfectants ?—No ; none whatever. I got no instructions from anyone when I went over. Dr. Impey was ill and Mr. Jones gave me a note to the matron who showed me my room, which was a dreadful place.

11041. *Dr. Herman*] Did you ever dress any of the wounds ?—Latterly I did for the lunatic lepers.

11042. If you did not do it who did ?—One of the lepers.

11043. *Dr. Dodds.*] Who had charge of the insane patients at night ?—One of the chronic sick slept in the ward.

11044. Was there no night nurse ?—No.

11045. Did they ever quarrel or make a disturbance ?—No ; they were very peaceable ; they all slept in a small dormitory by themselves. On one occasion one of the patients scratched me on the arm.

11046. Did the leper patients sometimes die in the night ?—Yes, and sometimes in the day. The patients themselves were very kind to each other and often sat up with those who were seriously ill.

11047. Can you make any suggestion with a view to improve the condition of the lepers ?—I think they require more nurses. They never complained about the food, which was really very good. I must say that the present matron manages the female patients splendidly, and on the whole they seem very fond of her. I think it would be a good thing if there were rules and regulations for the nurses so that they might know their duties. I told Dr. Impey that.

11048. Could the matron have visitors at her quarters as late as she liked ?—Not after half-past nine.

11049. Whose duty was it to report any visitors coming after hours ?—The duty of the constables outside.

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11050. Did visitors never remain after half-past nine?—They were not supposed to without special permission.

11051. Have you known male visitors remain after half-past nine at the matron's quarters?—Yes.

11052. Were they reported?—I think so sometimes, but since the door has been made they might go out without the constable on duty seeing them.

11053. Did you ever speak to the matron about it?—I did, and she saw I did not like it. I made no friends myself, and that is why she treated me so badly. When I went there first I was thunderstruck when she asked me to bring in coffee for constables who were sitting in the room with their hats on at all hours of the day.

11054. How early in the morning?—The sanitary constable was there as early as half-past five.

11055. Where would the convicts be while the constable was taking his coffee?—Going down to the beach alone.

11056. Were some of the leper woman up at that time?—Yes; they get up early; they come for their rations about half-past five o'clock. One of the constables spent a lot of time talking to the women.

11057. *Dr. Herman.*] What was his name?——The keys were left by the window when I went there and the constable used to open the window and take them, but after the door was made the keys were put on a chair.

11058. It has been stated in evidence that you once resided in a Malay house in Cape Town; is that the case?—It was because I was without means, but the house was respectable. I had always been well off but my husband deserted me and left me penniless, with two boys to support. I have acted as a nurse at the Kimberley hospital and also at Wynberg. I felt very much annoyed when it came to my knowledge that my character had been assailed.

Mr. H. de Smidt further examined.

Mr. *H. de Smidt.*

11059. *Chairman.*] Will you inform the Commission what functions the chief and medical superintendent on Robben Island has in regard to dealing with matters of discipline?—The discipline of the officials on the island is regulated by the Civil Service Act, which prescribes certain modes of procedure in the case of misconduct on the part of any official. Broadly stated, the method is this: if any charge is preferred, the head of the department calls upon the accused for an explanation, and upon the submission of such explanation, the matter is dealt with by the Governor in Council. The Act provides for a graduated scale of punishment, either by reprimand or enforced resignation, or deprivation of pay or dismissal.

11060. We have it in evidence that there was a certain case of assault committed on the island upon one of the constables, and an enquiry was held, resulting in the dismissal of two men for failing to report an occurrence which took place at the matron's quarters, but it seems the real offender in the matter is still retained; are you acquainted with the circumstances?—In that case matters assumed rather a complicated aspect, because the convict guard who failed to make a report, was dealt with by the Attorney-General's department through the superintendent of convicts, who held an enquiry, the result of which was the dismissal of the guard. Then the guard appealed to the Secretary of the Law Department, who requested me to cause a further investigation to be made in order to ascertain whether the guard was not justified under the circumstances, of the matron's conduct in what he did. That enquiry was directed to be made by Mr. Jones, the magistrate, and the report has only just come in, and it is being considered by the Attorney-General with a view to such further action being taken as the merits of the case might demand. The matter is still, therefore, undecided.

11061. *Dr. Herman.*] In such a case as that has the medical superintendent no authority to make an enquiry and dismiss such an official as a

matron?—The medical superintendent has full authority to initiate an enquiry and suspend an official, pending a report of the matter to the Colonial Secretary for final action.

11062. Could not he dismiss any member of the nursing staff without any further action being taken?—Suspension is equivalent to dismissal, although the Colonial Secretary has the right of finally deciding whether the offender should be reinstated. For my own part, I should be very sorry, in the interests of public servants, to see any officer invested with the power of summary dismissal. The Civil Service Regulations work fairly well in most departments; it is more a question of the officers who administer the Act.

11063. Do they fulfil all the conditions required?—Yes; I should not like to see them altered. I may say that every matter brought to the notice of the Government has been the subject of investigation and the most minute scrutiny and administrative action, according to the merits of each case.

1064. *Chairman.*] How is the accounting system carried on on the island?—Just in the same way as in the case of hospitals on the mainland, which are supervised by the civil commissioner and resident magistrate, through whom the accounts are rendered. There are occasional surprise inspections. It was intended that Mr. Jones, the magistrate, should exercise a similar supervision over the accounts on the island, the chief clerk being the accountant, making payments, keeping the store books and so on. In addition to this, an occasional inspection is made by officers of our accounting department.

11065. What control is kept over the issue of stores either to the leper patients or to other people on the island?—A thoroughly complete account is kept of the issues to the different sections of the establishment.

11066. Have you any control over the issue of rations directly to the patients themselves?—No; obviously not from the head office, the distribution I take it must necessarily be left to the person in charge of the section.

11067. You are not able to tell positively that certain patients got such and such articles issued direct from the store, are you?—No; it is impossible to guarantee that articles intended for individual lepers actually reach them, more especially with regard to food.

11068. One of the witnesses made a very strong point about the entries in certain books not having been kept up; it is not absolutely necessary to trace every article to each patient, is it?—No, the patients do not sign receipts. Practically, we allow the medical superintendent to issue what he thinks necessary, besides which, the patients, I presume, would complain if they had not sufficient clothing.

11069. What does the boat communication cost per annum?—£1,700 a year for three trips a week. The extra boats are not very numerous.

11070. Do you propose to increase the communication?—It has not been suggested.

11071. *Dr. Dodds.*] Has there been any difficulty with regard to the drink question?—Quite recently the Government decided to close the bar and authorize the medical superintendent to allow persons to have such quantity of liquor as in his discretion was desirable. He was told, moreover, to deny this privilege to those who abused it or were likely to abuse it. I must say that for my own part I am opposed to the system. I prefer to have entire freedom and deal stringently with those who misconduct themselves.

11072. Do not you think it would be an advantage to have something in the nature of a co-operative store on the island?—There have been complaints that the chief boatman who keeps a shop there has a monopoly, and a proposal has been made to widen the area of business done by the Government and supply a greater variety of articles for the convenience of the residents.

11073. *Chairman.*] We find that the leper guards carry revolvers; do you think that necessary?—I must take upon myself all the responsibility for arming the guards with revolvers. I found it necessary on the first

Mr. H. de Smidt. — May 18th, 1894.

occasion when a disturbance occurred on the island and when it was reported officially that the lepers intended to break out and attack the inhabitants.

11074. *Dr. Herman.*] Who reported it?—The medical superintendent I think in September 1892.

11075. *Chairman.*] Was that about the time when the leper population began to be increased by fresh arrivals?—It was about the time when the lepers began to realize that their disease was incurable and that they were practically prisoners for life on the island. After being troublesome they became turbulent and their turbulence gradually developed into absolute defiance, one of the lepers having gone so far as to threaten violence against one of the attendants. I proceeded to the island with the assistant magistrate of Cape Town and investigated the matter, and I found that while on previous occasions the attitude of the lepers towards me was respectful and quiet they were absolutely insolent, defiant, and abusive. I took the precaution, acting upon the instructions of the Government, to take over to the island a number of constables armed, and it was decided to leave these constables on the island, where they have remained ever since. I was also advised to take over to the island a reserve of arms which are still in charge of the medical superintendent. I may say that subsequent occurrences have convinced me that the action originally taken was fully justified by possibilities on the island.

11076. Can you mention generally any occurrence?—There were frequent reports made by the medical superintendent that the lepers surrounded the officials and were most demonstrative in their manner, insisting upon certain things and preferring unreasonable demands. On one occasion I was told both by Dr. Todd and Mr. Jones that in their opinion Dr. Impey's life was not safe. They reiterated this opinion even although I tried to shake their faith in it.

11077. Do you think that arming the guards and making a display of force has had a good effect?—Undoubtedly. On the occasion of the first disturbance, the Governor, with the advice of the Executive Council, gave an order for the removal of a man who was stated to be one of the ringleaders, named Franz Jacobs; he was removed to the Old Somerset Hospital, and upon his removal the attitude of the lepers entirely changed. They sent a very penitent letter of apology to the Government, stating that they had been misled and begging for forgiveness.

11078. Since that period have you had fewer disturbances?—After that there was a further disturbance. Jacobs, I may mention, upon promising to refrain from inciting the lepers, was allowed to go back to the island, but some time after, upon the occurrence of further trouble, it was decided by the Governor in Council again to remove him. He remained at the Old Somerset Hospital where he was well treated, and died there. There was also another ringleader who has since died.

11079. Do you see any reason for the leper guards making a display of their revolvers?—The guards on duty are armed in a similar way to the convict guards. It is not necessary for the guards at all times to display their arms. When the police were first stationed on the island the instructions to them were that they were not to be demonstrative nor to let the lepers feel that they were being guarded like criminals, but they were to be ready in case their services should be required; they were to do their work quietly.

11080. Might not the arms be kept in a station close at hand; is it necessary for the constables to parade every day with their revolvers?—I am strongly of opinion that the men should carry arms at all times when on duty.

11081. *Dr. Herman.*] Do you think the constables need be kept under arms day and night?—Yes. You have some desperate characters on the island, and constant vigilance is required to keep them quiet.

11082. *Chairman.*] Would you be in favour of framing a short Act for the government of Robben Island?—Yes. I think it is very desirable.

Mr. *H. de Smidt.* — May 18th, 1894.

11083. Do you think among other things such an Act might provide for the medical superintendent compelling those leper patients who were sufficiently healthy to work?—Yes. I think also that provision might be made for including Robben Island in some electoral division both for Parliamentary and Divisional Council purposes. As it is now, the residents are practically disfranchised.

11084. In view of the ringleaders having been removed, do you still think it necessary for the constables to carry arms?—Decidedly; I think if the Commission were to report unfavourably in regard to the removal of the patients, they would give us more and more trouble the longer they remain on the island

11085. Is their present quiet attitude due, do you think, to their watching the line of action which the Commission will take up?—I am entirely of that opinion.

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CAPE OF GOOD HOPE.

LEPROSY COMMISSION,

1894.

INTERIM REPORT OF COMMISSIONERS,

WITH

MINUTES OF PROCEEDINGS

AND APPENDIX.

VOL. II.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
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Presented to both Houses of Parliament by command of His Excellency the Governor.

1894

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ROYAL COLLEGE OF SURGEONS OF ENGLAND
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COMMISSION.

BY HIS EXCELLENCY SIR HENRY BROUGHAM LOCH,

Knight Grand Cross of the Most Honourable Order of the Bath, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Governor and Commander-in-Chief of Her Majesty's Colony of the Cape of Good Hope, in South Africa, and of the Territories and Dependencies thereof, and Her Majesty's High Commissioner for South Africa, &c., &c., &c.

To CHARLES FREDERICK KENNAN MURRAY, Esquire, M.D., F.R.C.S.

GREETING:

Whereas the Honourable the House of Assembly did, on the 15th day of August, 1893, resolve: "That the attention of the Government be directed to the condition of a portion of the lepers on Robben Island, with a view to the Government making such provision as will alleviate their condition, more particularly those of the better and less seriously affected class, pending an enquiry to be instituted as to the expediency of continuing or modifying the system of segregation."

And whereas it is desirable for the purposes of such enquiry that Commissioners should be appointed to consider and report upon the following questions:—

1. (*a*) Whether leprosy is contagious and, if so, in what degree: whether leprosy is ever spread by any other means than contagion, and what conditions are most favourable for the operation of contagion.

(*b*) Whether it is ever in any of its forms or stages non-contagious and if so, in what.

(*c*) Whether it ever arises spontaneously, or is caused by the eating of certain specific articles of diet.

(*d*) Whether the disease is ever spontaneously, or as the result of treatment, arrested or cured, and if so, whether such a result is permanent, and by what signs it is to be recognised, and in what manner are such cases to be dealt with.

(*e*) Whether heredity affects its spread and, if so, by what means, *i.e.*, whether by direct hereditary transmission of the disease, a specific leprous predisposition, or by transmitting family constitutional proclivities favourable to the development and existence of leprosy, or less fitted to oppose it, and to what extent, and whether conjugal intercourse should be allowed between lepers, or between lepers and non-lepers, and, if so, under what conditions.

(*f*) What is the duration of the period of incubation and whether any steps should be taken, and, if so, of what kind and under what circumstances, to ascertain the health from time to time of possibly infected persons.

2. Whether the system of segregation, as at present carried out, should be continued or requires any modification, and if so, in what respects, with a view to eradicating the disease in this Colony.

3. Whether any means, other than segregation, exist which may safely be trusted to contribute to or accomplish the same result.

4. Whether in the event of the disease being extinguished in this Colony any danger exists of its being renewed by importation from without, and, if so, what safeguards should be adopted for preventing or limiting this danger.

5. Whether lepers can under any circumstances be allowed to remain at large without danger of spreading the disease, and, if so, in what forms or stages of the disease, and under what conditions and safeguards.

6. (*a*) Whether Robben Island offers the best available conditions for segregation; whether its climate, soil and general characteristics exert any influence, beneficial or otherwise, on the course of the disease or on the conditions of the leper inhabitants.

(*b*) Whether any modification is desirable in the existing arrangements for or in connection with the segregation of the lepers on the Island; whether any additional means can be suggested for the amelioration of their condition; whether any further separation or classification with reference to the form or stage of the disease, or any increased probationary segregation are desirable, and under what conditions intercourse with relations and friends should be allowed.

7. Whether the "Leprosy Repression Act, 1884," is satisfactory in its working and application, and if not, in what respects amendments can be suggested, regard being had especially to the following points :—

(*a*) The certification of lepers.

(*b*) Provision for the good rule and government of lepers under segregation.

(*c*) The discovery and disclosure of the disease.

(*d*) The dealing with suspects.

(*e*) The dealing with lepers, imported or fugitive, from neighbouring Colonies and States.

8. Whether any additional means, and, if so, of what kind, are necessary for preventing the possibility of unjust segregation.

Now, therefore, I, the Governor aforesaid, do by this my Commission, nominate and appoint you the said

Charles Frederick Kennan Murray, in conjunction with Alexander Edington, Esquire, M.B., C.M., William John Dodds, Esquire, M.D., Christian Lawrence Herman, Esquire, M.B., C.M., Josias Matthias Hoffman, Esquire, M.B., C.M., Frederick Fismer, Esquire, M.D., and John Baldwin Smithson Greathead, Esquire, M.B., C.M., to be Commissioners for the purpose of investigating and reporting upon the matters aforementioned.

And I do hereby desire and request that you do as soon as the same can conveniently be done, using all diligence, report to me, in writing, your proceedings by virtue of this Commission.

And I further will and direct, and by these presents ordain, that this Commission shall continue in force until you shall have finally reported upon the matters aforesaid, or otherwise until this Commission shall be by me revoked, and that you, the said Commissioners, shall sit from time to time, at such place or places as you shall find necessary for the purpose aforesaid.

And I do hereby direct and appoint that you have liberty to report to me your several proceedings from time to time, and at such places aforesaid, as the same or any part thereof may respectively be completed and perfected.

And, lastly, I do hereby desire and direct that all Public Officers in this Colony, as well as all Her Majesty's subjects, be assistant to you in the execution of these presents by giving you all such information as it may be in their power to impart.

In witness whereof I have caused this Commission to be issued this 11th day of January, in the Year of Our Lord One Thousand Eight Hundred and Ninety-four.

By Command of His Excellency the Governor in Council.

P. H. FAURE.

INTERIM REPORT

OF THE

COMMISSION APPOINTED TO ENQUIRE INTO THE ORIGIN AND SPREAD OF LEPROSY IN THE CAPE COLONY, AND TO REPORT THEREON FOR THE INFORMATION OF PARLIAMENT.

To His Excellency Sir HENRY BROUGHAM LOCH, Knight Grand Cross of the Most Honourable Order of the Bath, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Governor and Commander-in-Chief of Her Majesty's Colony of the Cape of Good Hope, in South Africa, and of the Territories and Dependencies thereof, and Her Majesty's High Commissioner for South Africa, &c., &c., &c.

MAY IT PLEASE YOUR EXCELLENCY:—

In obedience to the instructions conveyed in the terms of their Commission, dated 18th January, 1894, your Commissioners have the honour to lay before Your Excellency the following Interim Report.

This part of the Report deals only with a certain portion of the very wide scope of the enquiry, and it has been found necessary, for reasons stated hereafter, to adopt this course in dealing with the subject.

INTRODUCTORY.

In dealing with the subject of our enquiry on the working basis given in the terms of their Commission, it was determined at once to approach the study of Leprosy from its scientific aspect, as from that aspect only can a broad foundation be laid, upon which to carry out the whole investigation.

With this object in view the Commission took evidence and drew up and distributed certain forms which would materially help in this direction, besides accumulating a large mass of other important matter.

At this stage, however, the Commission were given to understand by the Government that they were anxious to have, as early as possible, the section of the Report dealing with Robben Island for presentation to Parliament. The Commission, therefore, at the express wish of the Government, turned aside from the course they had adopted and directed themselves almost wholly to that part of the enquiry dealing with Robben Island.

Although assenting to the wishes of the Government on this point, the Commission at the same time felt its great inconvenience, for the whole matter hinges upon the question of the contagiousness or the hereditariness of the disease, and it would have been much more satisfactory, and much more logical, to have attempted first to decide this point. This Colony, from the comparative sparseness of its population and the possibility in many cases of tracing family histories, and following apparent lines of contagion offers a valuable field for the prosecution of an enquiry into the difficult question of the etiology of leprosy, and in this respect of course presents many advantages over India and the older and denser centres of civilization.

The Commission not having yet arrived at definite conclusions on the question of the contagiousness or hereditariness of the disease, are not in a position to make final recommendations as to the modification or the repeal of the present compulsory Act; and for the same reason they do not feel at liberty to make recommendations at this stage as to the advisability of establishing asylums on the mainland, or as to the conditions under which patients may be safely allowed to be treated in their own homes, or in licensed houses. It would be out of the question to make recommendations that if acted on would give rise to expenditure until those recommendations can be based on evidence that will bring conviction to the country, so that there shall be some degree of finality in the Legislature's method of dealing with the leprosy question. If this country is to accept the Report of the Indian Leprosy Commissioners as settling the question, it will be necessary to admit that to compulsorily segregate lepers is a costly and useless proceeding, that inflicts an injustice on every person subjected to it, and it will forthwith be necessary to repeal the Act and let the lepers at present confined on Robben Island scatter to their homes. We earnestly trust that for the the future welfare of this country, the Indian Leprosy Commissioners will not be followed to their conclusions without much stronger evidence than they adduce.

A broad view was taken of the enquiry into the amelioration of the condition of the lepers in the Robben Island institution. It was felt to be both undesirable and impossible to exclude many matters connected with the management and administration, though they only, apparently, secondarily affected the condition and comfort of the leper patients. It was decided to invite the fullest co-operation on the part of the public and all specially interested; to give everyone an opportunity of affording information concerning the lepers, or aiding in the direction of the amelioration of their condition, and to make investigation into all complaints emanating from the leper patients, their friends, or the public. Accordingly a very large number of witnesses were examined, representing all sections and views, and the members of the Commission on several occasions subjected the institution to a very complete inspection, listened to the complaints of the lepers (no member of the staff being present), and examined their food, clothing, bedding, housing, sanitary state, and the general surroundings of the leper establishment in all its manifold bearings.

Recognising the great importance of the subject, and bearing in mind the fact that there was a widespread feeling of uneasiness in the public mind regarding the Robben Island establishment, it was determined to publish all the evidence on all points without omission. This course seemed especially necessary in dealing with a large State Institution, situated and circumstanced as Robben Island is.

In order to make the present condition of Robben Island more clear, and to enable a better judgment to be formed, the following brief historical sketch is given:—

Historical Sketch.

Already as far back as the year 1817 the condition of lepers claimed the attention of the Colonial Authorities. In that year Lord Charles Somerset caused a place called *Hemel en Aarde*, about 18 miles from Caledon, to be appointed as an asylum for persons afflicted with leprosy. For some years previously the Moravian Brothers had been collecting lepers at this spot, by offering them a home, and by ministering to their bodily and religious wants. We also find mention made in 1817 of a small leper asylum in one of the kloofs of the Sunday River near Graaff-Reinet.

The unsatisfactory condition of the asylum at *Hemel en Aarde* soon attracted attention, and in November of the year 1822, the Colonial Medical Inspector, Dr. Barry, drew the attention of the Secretary to the Government to the neglect of the medical treatment of the lepers there. In the same year Staff-Surgeon Dr. John Murray, in a report to the Director-General of his department,* says:—

> "This institution, which has got the name of *Hemel en Aarde* (Heaven and Earth), was formed as a Colonial charity only about five years ago, although for a long time previously Hottentots affected with leprosy were put under quarantine in huts in this detached place, and supported by funds raised in the Swellendam District where the scattered races of aborigines had been collected by missionary people. This disease is confined chiefly to the Hottentots. In the above mentioned institution, containing about 150 persons, there are not more than two white women, and three or four Mozambique slaves. There is reason to suppose that it has long existed among the Hottentots, although it does not seem to have been properly brought to light till after these people were congregated by the missionaries. * * * At the institution here are a great many not affected with the disease (about one-third of the whole) consisting of the parents, husbands, wives, and

* Report of Commission of House of Assembly on Robben Island. 1862 Appendix.

children of those labouring under it who have followed as attendants, and by this means an opportunity has been afforded of proving that the disease is not contagious, as I am informed by the medical practitioner who was lately attached to the institution that it has not been communicated to any of these attendants." * * * *

"At the institution the medical treatment is so entirely neglected that as far as I can learn no attempts to cure the patients have been made, and so wretchedly are they provided that they have no beds or bedding but a dirty sheep skin each to lie upon, on which account they are nearly starved in winter; and they have neither plates nor spoons nor knives and forks to eat their victuals with; in short this charitable institution affords but little comfort for its unfortunate inmates."

Such a sad condition of things could not fail to claim attention; we find, therefore, in October, 1823, Dr. Barry again reporting to Government:—

"The number of insuperable objections to the present local situation of the leper institution renders it impossible in my opinion ever to carry into effect any plan for the benefit of the patients there.

"That many of the difficulties are insurmountable has been fully proved, as during the space of six years little has been done either to ameliorate the personal situation of the lepers, or to prevent the spreading of this horrible malady in the Colony."

And, in conclusion, Dr. Barry recommends the transference of the establishment to Simon's Town.

In 1826 the Supreme Medical Committee were requested by the Government to report on the eligibility of a site at Camp's Bay for the leper institution. The Committee reported favourably on the site. In 1827 the Committee say in their monthly report they "feel it their duty to recommend a detached portion of the (Old) Somerset Hospital for the reception of leprous cases;" moreover the Committee state they intend making an enquiry "into the state of leprosy throughout the Colony," which they learn to be on the increase.

As a result of this enquiry the Medical Committee reporting to the Government on the 7th of May, 1827, recommend the removal of the lepers at *Hemel en Aarde* to Robben Island, "making it at once an hospital and a place of quarantine for all cases affected with the disease."

In 1829 the Government again consulted the Medical Committee with reference to the proposed establishment at Robben Island as to accommodation required and the appointment of a Resident Medical Officer; and the Medical Committee in March and subsequently again in July wrote strongly urging the removal of all lepers to the island.

No steps, however, were taken, and nothing further was done to deal with this matter.

Until 1842, on the occasion of the appointment of a successor to the district surgeon of Caledon, it became necessary to consult the Medical Committee as to regulations required in regard to the leper institution at *Hemel en Aarde*. The Medical Committee before reporting made enquiry into the condition of that establishment, from which we learn there had been 58 lepers under treatment, of whom five had died of erysipelas of the face during the interval of the visits of the medical officer. In an able and clear report dated 27th June, 1842, the Committee state in reply what opinions and recommendations had already been offered to the Government on this subject, and go on to say:—

"To the above united opinions of medical officers and the Medical Committee during the last 20 years, the present Committee consider it an imperative duty to give it as their unanimous and decided opinion that the leper institution at *Hemel en Aarde* does not in any way answer the ends for which it was intended by a benevolent Government."

After recapitulating the objections to *Hemel en Aarde*, the Committee recommend the removal of the institution to Robben Island, "as being in every way peculiarly well adapted for such an establishment."

"In all these important and essential points the station of Robben Island will be found a preferable situation to any other in the Colony for the reception and treatment of a disease at once loathsome and intractable in its nature, and for the extinction of which considerable sums have been expended, but without the desired effect of preventing its increase through hereditary cause, the only certain source which has been hitherto duly ascertained."

The Medical Committee in their report clearly contemplated the forcible removal and detention of all lepers, not only from *Hemel en Aarde*, but from the whole Colony.

Hemel en Aarde had become a place of call for travellers to and from the seaside, so that it is easy to understand the opinion of the visiting physician who had charge of the institution that "cases of leprosy are likely to remain prevalent in the district owing to the continued intercourse the lepers have with the coloured classes."

No immediate decision was arrived at. A further report was called for and a Board of medical officers, consisting of Dr. St. John, Inspector of Colonial Hospitals; Dr. Forrest, Staff-Surgeon; and Duncan Menzies, Surgeon to the 45th Regiment, was asked to express an opinion on the subject.

In a report, dated 7th January, 1844, the opinions and recommendations of the Supreme Medical Committee were confirmed, the Board going on to say:—

> "We, therefore, recommend that the leper establishment at *Hemel en Aarde* and at Algoa Bay be abolished and the lepers be transferred to Robben Island, it being a place well suited for such cases, where the diseased will be kept together and have no communication with healthy subjects."

Robben Island at this period was used as a penal settlement, and was under the care of a military officer who was styled the Commandant. A lucrative fishery was carried on by this gentleman, and before the island could be used for the purpose suggested, the permission of the Secretary of State was required for the removal of the convicts and to fix the compensation to be paid to the Commandant for his fishery. Consequently a Report was transmitted from the Honourable Mr. Montagu, Colonial Secretary, recommending the removal to Robben Island, of:—

1. The sick and decrepit convicts who are unfit for a road party.
2. The lepers (or as he calls it, leper and pauper establishments) at Hemel en Aarde and Uitenhage.
3. The paupers from the pauper Establisment near the S. A. College.
4. The lunatics from the Somerset Hospital, now the Old Somerset Hospital.

The number of inmates proposed to be removed to Robben Island was, in December, 1844:—

Sick of Chronic Diseases	17
Lunatics in Somerset Hospital	51
Paupers in Asylum Cape Town	101
Lepers in Establishments	56
Total	225

Lord Stanley, Secretary of State, did not wait long to give his approval to this scheme; replying on the 18th May, 1845, he says he has already instructed the removal of the military convicts to Van Dieman's land and he continues:—

> "I have now therefore to authorize you to carry those arrangements into effect with the exception of the transfer to Robben Island of the paupers in the asylum at Cape Town, to which in my opinion there are obvious objections."

The year 1845, therefore saw the foundation of the Robben Island Establishment; it must, however, be noted that the Supreme Medical Committee never contemplated the removal of lunatics and chronic sick to Robben Island, but recommended on the contrary the removal of all the lepers in the Colony to Robben Island as a safe and easy method of quarantine and keeping healthy persons from intercourse with the lepers. This recommendation was not, however, adhered to; the number of lepers admitted to Robben Island this year (1845) was 37, while 56 were in the two leproseries on the mainland.

It was not long before it was to become apparent that Robben Island had many disadvantages as a site for an Asylum and Infirmary. In the year 1854 the House of Assembly appointed a Select Committee to enquire into the Robben Island Establishment, and in a report to the House the Committee say:—

> "They feel they ought not to omit to state that they are of opinion that there should be an alteration in the present management of the Establishment, and that the system which removes the unfortunate sufferers under diseases of the most afflictive nature from the sympathy, attention and kindness of their friends and relatives to a distance, or in a position which renders their visit almost impossible, is one opposed to the better feeling of humanity; and the Committee are of opinion that the management of these institutions is not likely to be satisfactory or beneficial either to the Government or people, when the places in which

they are conducted as in the case of Robben Island, are removed beyond the observation of the public. The Committee are therefore of opinion that the Government should as soon as practicable, remove the asylums for the lunatics, lepers, and chronic sick from Robben Island which they believe to be unfavourably situated for such institutions."

In the following year (1855) the House of Assembly was constrained again to approach this subject, and a Select Committee was appointed "to consider and report upon the most suitable arrangements for providing for lunatics, lepers, and chronic sick," which, concurring in the opinion expressed before, said:—

"Your Committee beg to report that they are of opinion, and in which they have the cordial and unanimous opinion of all medical men who have favoured them with their views on the subject, that the present establishment on Robben Island, from its isolated position and difficulty of access, should be removed to some suitable situation on the mainland.

"The lepers, your Committee are of opinion, would be better located near one of the Moravian Institutions should the missionaries be willing to undertake the supervision of these unfortunate beings, which the Committee have reason to believe they would do if satisfactory arrangements can be made; but if this plan is found to be unadvisable, they would then propose that a suitable spot be selected in some secluded situation convenient for forming an establishment on a somewhat similar plan to that formerly adopted at *Hemel en Aarde*, simply correcting whatever might have been found objectionable in that system."

The Robben Island establishment had during this period been growing slowly, though it would not appear to have been attractive to the leper patients, as the following returns will show:—

	Patients in 1848.	Patients in 1852.
Paupers and Chronic Sick	92	141
Lunatics	78	83
Lepers	73	62
Totals	243	286

No steps, however, were taken in the direction indicated by the Select Committee, but the subject was not allowed to be lost sight of, and we find six years later, the House of Assembly passed a resolution calling on his Excellency the Governor, Sir Philip Wodehouse:—

"To appoint a Commission to inspect and examine the lunatic and chronic sick institutions at Robben Island; and to report upon the suitability of the establishment as at present constituted, the nature of the accomodation provided for each branch, the facilities of communication and all other matters connected with the general management of the establishment, with a view to ameliorate the condition of the unfortunate afflicted inmates and generally to improve their present condition."

On the 25th October, 1861, the Commission was appointed, consisting of J. R. Taylor, Esq., C.B., Inspector-General of Hospitals, J. Laing, Esq., M.D., J. Abercrombie, Sen., Esq., M.D., J. R. Innes, Esq., LL.D., J. H. Munnik, Esq., M.L.A., J. C. Silberbaur, Esq., M.L.A., J. T. Eustace, Esq., Thos. Tinley, Esq. This Commission, with Dr. Taylor as chairman, sat and took evidence from November, 1861, to April 1862, when an exceedingly valuable report was presented, much of which is not only of interest but of great practical importance to-day, as illustrating the difficulties and deficiencies of an establishment which seemed destined to remain for a long time in the way of a better and more satisfactory arrangement for the care and comfort of the sick in body and infirm in mind.

Much of this very valuable report deserves to be quoted.

"The difficulties of access to the island and the discomforts and inconveniences of the passage" are referred to, and the report goes on to say:—

'We are indeed unable to adduce any compensating circumstances at all sufficient to counterbalance the disadvantages of its present isolated position." "From the gradual growth of the institution * * * the advantage of space accommodation has long ceased to recommend the island as a suitable site. * * The salubrity of the position for the class of persons forming the inmates of the infirmary is very doubtful. The lepers complain that the island is too damp for them and it may readily be conceived that to such sufferers, as also to the aged paupers and chronic sick in all of whom the circulation is languid and imperfect, there must be more than ordinary sensitiveness to the strong prevailing winds to which the island from its bleakness is so completely exposed.

"The total isolation of lepers from the rest of the community which the impediments to ready intercommunication between the island and the mainland would effect, was one recommendation for sending this class of patient to Robben Island, it was urged they would be under a most severe quarantine 'and in most perfect seclusion.' The diseased it was thought could thus be segregated and excluded from intercourse with the healthy, and although the compulsory transfer of all afflicted by leprosy to the island was not contemplated, yet it was thought that if a comfortable asylum were provided for them there, the afflicted with leprosy would readily resort to it, and that in the course of time, from this voluntary isolation, hereditary transmission would cease, and the disease eventually disappear. This has not been the case in any appreciable degree, while the difficulties of access to the island, on which the expectation was based, are found to have compromised the utility of this branch of the infirmary, and at the same time, to have detracted largely from the welfare and comforts of its inmates.

"The anticipated advantages, therefore, from a general infirmary on Robben Island, which led to its formation, have not in our opinion been realised. The expense it was intended to avoid has been in part, if not fully, already incurred, and yet without adequate accommodation.

"And on the other hand, several weighty objections to the present site of the infirmary have been brought to our notice. The inmates complain that the passage between the island and the mainland, frequently rough and protracted, seriously obstructs intercourse with relatives and friends. The isolated position of the infirmary deprives it of the active sympathies and charities of the benevolent, and withdraws it, a public institution, from a public view and from efficient inspection and control—of itself a serious evil. The time wasted and the discomforts and inconveniences to be encountered apart from risk are sufficient to deter most persons from undertaking the voyage. Hence visitors to the island are very few, and residence there cannot be other than dull, monotonous and painfully sequestered. Added to this is the depressing effect on every class of patients, resulting from the aspect of the island itself, which is bleak, barren and uninviting, presenting little else than rock alternating with sand, covered with a sparse and stunted vegetation. * * *

"They appeared to us also to have other causes of longing for removal to the mainland, but they were so vaguely expressed that we are disposed to regard them as the result of that feeling of depression and weariness that must be expected to prevail in a community so cheerlessly secluded, in which the proportion of morbid to healthy life is so reversed, and isolation from the scenes of everyday life so entire.

"In connection with the site or position of the infirmary we would further remark that it greatly complicates the system of supplies. It necessitates the maintenance of a cargo boat or of a steam boat * * * of the necessary accommodation for butcher, baker, casual visitors, &c. * * * And it may also be added as an objection to this present site not altogether to be overlooked that it renders the institution unavailable for purposes of training and experience in lunacy and other diseases, to which if more conveniently situated it might be very usefully applied.

"When the general infirmary was on a smaller scale than at present, the objection to place in the hands of one individual the many duties and responsibilities that now attach to the office of Surgeon Superintendent, would naturally be less cogent and obvious. * * * * The two classes (of duties) are moreover occasionally so conflicting as to render it difficult for one and the same person, without risk to himself or to the character of the institution to discharge both. * * * * Whilst he ought not to be subject to the conflicting responsibilities attendant on the two classes of duties which at present devolve upon him—namely the maintenance of health and discipline.

"The objections to the present site of the general infirmary which we have considered and discussed in a former part of this report induce us unanimously to recommend the removal of the entire establishment to the mainland; and we are of opinion that on removal, the lunatic asylum should be a distinct institution placed under a system of supervision and management specially applicable to the treatment of mental disease.

"The chronic sick, the lepers, and infirm would, it appears to us, be best provided for by the creation of separate infirmary wards but in immediate connection with the New Somerset Hospital, so as to be placed under one and the same medical supervision and the same general management. We would further take leave to suggest that similar infirmary wards for the chronic sick, the lepers and the infirm, should be attached to all hospitals throughout the Colony, maintained either wholly or in part at the public expense.

"Should it be impracticable or inexpedient to carry out at present the removal of the Robben Island establishment to the mainland, and the re-organization we have recommended, the defects which we have pointed out in our remarks on the nature and extent of building accommodation on the island will sufficiently indicate the alterations and improvements which we believe to be urgently neccessary.

"But whether the removal and re-organization we have recommended be or be not effected, we regard as indispensable a change in the method of management conformable with our remarks on the objections to the present system. The change to which we refer consists in a division of the duties and responsibilities which now devolve solely on the surgeon superintendent.

"The board appointed in November, 1853, was of opinion that the Robben Island establishment was too large and the responsibility too great to be entrusted to one man alone, and that there should be a governor or civil superintendent with magisterial power. In this we concur and propose to adopt the principles recently introduced into the hospitals of Her Majesty's Service.

"Whilst the sphere of duty assigned to the medical officer should be thus limited to the treatment of the sick under his care, to prescribing and recommending on behalf of his patients and reporting his proceedings, both medical and sanitary, to those to whom he is responsible, the superintendent should be vested with sufficient powers to exercise authority over all subordinate officers, servants and inmates to enable him to uphold and be accountable for the good conduct, discipline, and efficiency of the whole establishment. But all punishments and other acts of discipline he ought to record with the cause, and they ought to be subject to review."

It was not, however, considered expedient to undertake the removal of the institution from Robben Island. In so far the recommendations of the Commission was to bear no fruit.

Under a new regime the establishment was to become popular and successful.

With the year 1863 a useful series of reports on Robben Island begins, presented annually to Parliament by the surgeon superintendent, which throws a good deal of light on the working of the institution. From a study of these reports we find already early the high mortality among the lepers attracted the attention of the surgeon superintendent who reported in 1863 the rate of mortality amongst the leper patients during the year as being 12·94 per cent, and states that

"The patients afflicted with this disease it is noticed succumb most rapidly from the slightest attack of cold, diarrhœa, &c."

And it is further noted that :—

"The majority of deaths took place during the first four months of the year, and not in the winter months, and not being in accordance with the general idea that the climate of the island during the winter months is so prejudicial to this class, and which has been used as a pretext for removal to the mainland."

In 1864 it is again stated that notwithstanding the mildness of the winter the mortality was very high 12·50 per cent.

In 1865, in reporting upon the mortality among the leper patients, an interesting case is referred to of the death, from an advanced form of the disease, of a young patient, 10 years old, born on the island of leprous parents.

And the reports runs on to say :—

"Nothing could be more unfortunate for the interests and well-being of the inhabitants than the destruction of the new jetty during the gale upon the 17th May. Its usefulness was undoubted, the facility with which passengers and stores

were landed, even in the heaviest weather, being remarkable, and its loss has necessitated a return to the old system of working the lunatic patients in the water. The erection of a stronger structure and upon a different site has been determined on."

The sanguine expectation of the surgeon superintendent remains to this day unfulfilled.

Living as the lepers did on the island, without any attempt being made to employ them or to exercise any but the faintest vestige of authority, it is to be expected that trouble should arise from their lazy and dirty habits. It is remarkable, therefore, that, speaking of the lepers, in 1866, the surgeon superintendent says:—

"The general conduct of this class has been good throughout the year, five cases of insubordinate behaviour alone having occurred. The indiscriminate use of the dagga plant, which these patients constantly smoked to excess, has been, to a great extent, stopped, none being allowed to be brought on the island, though several attempts to smuggle it sewn up in the lining of their clothing have been detected. The excitement and unpleasant symptoms produced by it being a frequent cause of insubordinate conduct."

But the unrestrained intercourse between the sexes could not fail to be noticed soon, and as the Medical Committee, on their visit of inspection, report:—

"In 1869, the presence of two very young infants in the leper wards, born less than two months ago, demands very palpably the necessity for stricter surveillance and for the absolute separation of the sexes among these miserably affected persons."

The surgeon superintendent, replying to this, throws much light on the condition of the lepers on Robben Island, which makes clear the absence of any attempt at segregation:—

"The occasional births in the leper wards is, and has been, a source of great anxiety to the superintendent, but over which, with the present buildings and arrangements, he has no control, and has been the subject of correspondence between himself and the Government repeatedly. * * * * The only precautions that can be taken are taken. No male patients are permitted to enter the female wards, these wards being locked up every evening at sunset. But so long as the female patients are at liberty to wander about the island during the day, and the lepers of both sexes are permitted when they wish as now to have leave of absence to visit Cape Town for fourteen days at a time, and so long (as is only right) as they can claim their discharge at any time, the stricter surveillance expected by the Committee, even if exercised, would be useless, and the result, now deplored, would not be obviated. The recommendations of the superintendent upon this subject to the Government have been several. One proposal was to remove the female lepers to Cape Town, and fill up their wards with males. A second was to have a European man and woman as special superintendents in order to check irregularities. A third was to do away with all the little huts about the wards, which are ostensibly used by this class for the purpose of keeping poultry, with the proceeds of the sale of which they visit Cape Town, and indulge in excess, but which huts in reality are used by them to meet together in; and during the past year, on two occasions, when male and female lepers have been found together in them, the huts have been immediately removed."

In 1870 the surgeon superintendent again returns to the subject, and says:—

"Living in these wards during the year have been nine destitute children, all the children of lepers, the parents being either inmates or having died. Of these three have been discharged with their parents and one has died, leaving five resident on the 31st December, 1870. Though no birth has taken place in the female leper wards during the past year, yet the same laxity and the immorality of conduct still exist. Much discontent was caused amongst this class by the removal of the mud huts which for many years they had been permitted to erect near their wards ostensibly for keeping poultry, but which were used for many other purposes; and the rule that no patient should in future be allowed to keep poultry was authorised when these nuisances were swept away."

As a consequence of these recommendations, in 1871 it is reported that in April of that year "all the female lepers were removed to the Old Somerset Hospital, a measure

which has been so long recommended and so much desired and has been productive of the best results; much better order and quietness being maintained now than formerly in the male wards, and a great scandal removed from the institution."

The necessity of removing the Robben Island establishments to the mainland had been kept before the authorities. We find an important Committee was appointed in 1871 by the House of Assembly to enquire into and report upon the advisability or otherwise of removing the establishment of lepers and lunatics from Robben Island to the mainland.

This Committee in their report say, speaking of the dilapidated condition of the buildings, they

> "would recommend that these last should be put into a sound and habitable condition, and such necessary repairs effected until the removal of the institution to the mainland--should that course hereafter be determined on—be finally settled."

While the removal of the patients from Robben Island was contemplated, the cost of the undertaking stood in the way. An expensive asylum on the mainland was to be built at Tokai, and in the following year, 1872, a Select Committee of the House of Assembly was appointed "on the Robben Island establishment, instructed to take up the Report and Minutes of Proceedings of the Select Committee of last Session, and to consider and report thereon, with power to take evidence and call for papers."

This Committee met at Robben Island to inspect the buildings, called only one witness, and proceeded at once to report that:—

> "After having carefully weighed all the evidence it was deemed necessary to take, it has adopted a resolution to the effect that it is not desirable that the establishment at Robben Island should be removed to the mainland."

The location of the lepers on Robben Island did not, however, give satisfaction. In 1874, a Special Commission was appointed to inspect and report upon the Robben Island Lunatic and Pauper Asylum, and they say in their report, *inter alia*:—

> "The Commission recommend that the lepers now accommodated on the island be removed elsewhere, or that new quarters be constructed for their accommodation. They are now so badly located that they are a nuisance and a danger to the health of the other inhabitants of the island."

The policy of allowing the lepers to return to the mainland for leave of absence was productive of great trouble; thus in 1875, the surgeon superintendent complains of the insubordinate conduct of the lepers, and deplores the miserable state in which lepers return after having had leave to visit the mainland, with their wounds, which had been healed up and in a healthy condition, in a worse state than when they were first admitted.

To other troubles on the island was to be added the water supply, which gave occasion for anxiety and trouble, and, in 1876, it is noted by the superintendent:—

> "I have further to urge upon the Government the necessity of improving the supply of water. * * To obtain this object I beg to propose that a small engine should be procured worked by our men to keep the tanks filled, so that the carting of water labour and the use of so many patients could be dispensed with, and I may add the employment of these men daily and especially during the summer months must tell upon them in a very great degree."

Every endeavour seems to have been made by the officials on the island to ameliorate the condition of the unhappy sufferers on the island and frequently attention is drawn to their requirements, for example, in the 1880 report, the Chaplain, Rev. A. R. M. Wilshere, says:—

> "These afflicted people demand our deepest sympathy and I earnestly hope that they will soon be removed to some place where they could employ themselves in rearing vegetables and gardening. To me no place seems so unsuitable for them as this island. The bitterly cold air in the wet season drives them into their rooms and beds; and in summer the dry and dusty soil is unsuitable for gardening, whilst I fully believe that all who are afflicted with this disease ought to be gathered together and not allowed to go amongst their fellow men. I think this object would be best attained by locating them outside villages with certain boundaries. *Here* they feel themselves so far from human sympathies that they more frequently wish to obtain permits to visit the mainland. * * * "

At this period public feeling demanded that more stringent laws should be passed to segregate all lepers, and as a consequence, in 1883, a Select Committee of the House of Assembly was appointed to enquire into and report upon the spread of leprosy and the best means to check the same. This Committee, consisting of Dr. Atherstone, Messrs. De Smidt, M. J. de Villiers, Du Preez and T. Louw, report :—

"1. That leprosy prevails extensively in this Colony and is steadily spreading among both white and coloured classes.

"2. That no efficient steps have been taken hitherto to prevent the spread of this loathsome disease, and to avert the terrible evils which threaten society through heredity and in other ways from the indiscriminate intercourse and intermarriage of lepers with other classes of the community.

"3. That it has been conclusively proved to your Committee that by proper measures, energetically and efficiently carried out, it is possible to arrest the further progress of the disease, and ultimately to stamp it out altogether.

"4. That for the accomplishment of this object an Act for the compulsory segregation of all lepers is necessary, and the establishment of leper institutions in suitable localities where perfect isolation can be secured.

"Your Committee, therefore, recommend for the protection of the public and in the interests of humanity as well as of the sufferers themselves, that the Government should as early as possible take steps to secure the passing of a 'Compulsory Leper Act' and the commencement of a system of isolation and curative treatment."

The Committee did not take long to deliberate but in seven sittings proceeded to deal with one of the most difficult and knotty problems any body can be called upon to deal with. During this period nine witnesses were examined and the Commission paid a visit to Robben Island.

The enquiry of this Committee cannot in any sense be said to be complete; there was no conclusive evidence to show either the extent to which leprosy prevailed in the Colony or that it was spreading, while the opinions expressed by the various witnesses examined as to the contagion or heredity of the disease were not supported by that array of closely observed facts and cogent reasons that one would have regarded as a condition precedent of a compulsory Segregation Act. Nevertheless, the Committee felt themselves able to recommend the House of Assembly to enforce a Leper Segregation Act, with all its attendant severities and hardships.

Although the following year, 1884, saw the passing of the Leprosy Repression Act, it was not found convenient to promulgate it at once.

No one knew the extent to which leprosy prevailed and what amount of accommodation would be required.

In 1885, the surgeon superintendent says in a report which is interesting on account of the contemplated compulsory segregation of lepers on Robben Island :—

"The requirements of this large and decaying establishment involve an amount of active supervision and constant patch work which fritter away much valuable time and money, and in the long run it would be more economical and efficient to re-arrange and re-organise the whole of the establishment by adopting some suitable plan of gradual extension and expansion of such buildings and enclosures as we have; the great waste of fuel, the obstructions in landing cargo safely, the badly arranged water supply, the over-crowding of the yards and the absence of industrial or other agencies for employing or amusing the insane through the long hours of daylight, whether the weather be fine or wet, are all subjects of anxiety which admit surely of some early and efficient remedy. * *

"After a stay of nearly two years, I am now more than ever convinced that it is not desirable to locate any more lepers on Robben Island, and in this the chaplain agrees with me entirely. The want of running water for irrigation is specially felt by a class of patients who have absolutely nothing whatever to do, either to employ or amuse themselves. The buildings hitherto allotted to their gradual extinction have long been a disgrace to the country and are literally only fit to be burned down and laid low. They have now been replaced by a set of wooden huts, which are calculated to hold 60. As these huts are very low and without ceiling, and have already done duty at Renskey's Farm as small-pox wards, they are not likely to last long, nor to prove suitable, being extremely hot and close in the day time and very cold at night.

"I desire now more particularly to point out the disadvantages under which the lepers are placed by being located on Robben Island. The want of running water deprives them of gardens. The want of education and industrial pursuits drives them to gambling or loafing about on the beach; and the want of a suitably arranged lodge, controlled by a janiter, and proper ward officials, renders them a

most turbulent, quarrelsome, insubordinate lot. * * * In the event of more male and female lepers being drafted over here, it therefore becomes a matter of serious consideration what it is possible to do with these people. They are incurable, they are idle, they are gregarious, barbarous, and insolent. They have strong sexual instincts. They are uncleanly in their habits, and they are reckless and defiant of all checks to keep them within bound. The Alsatia thus created in our midst is as yet only in its infancy."

In 1886 arrangements for segregating female lepers on Robben Island were made and a high walled enclosure at Murray's Bay built for compounding the female lepers, and in 1887 the female lepers were removed to Murray's Bay.

Again in 1888 further reference is made to the troubles from want of power for enforcing discipline :—

"The conduct of the male lepers has been anything but satisfactory. At all times a turbulent and impudent class, they have of late developed offensive characteristics which may be expected to breed much trouble in the not very distant future."

The year 1890 opens hopefully with a short mention of the first attempt made on the island to record and study cases of leprosy systematically :—

"A clinical register has been commenced and the details of a number of cases taken down. Nothing has been brought to light which can be regarded as helping to answer the question as to what extent a leprous person is or is not a source of risk to the community among which he may happen to reside * * * Both humanity and convenience suggest that segregation and transportation should be as far as possible divorced, and it might be possible to arrange for local centres of treatment and separation under the care of the respective district surgeons for the more distant portions of the Colony."

In 1889 a resolution of the Legislative Council was passed to appoint a Select Committee to enquire into the spread of leprosy and to devise means to check such spread.

This Committee held six sittings and besides examining seven medical practitioners, obtained written opinions from a few other medical and two clerical gentlemen. Moreover a circular was issued to all district surgeons and to the Governments of the neighbouring States enquiring as to the prevalence of leprosy.

A study of this evidence does not disclose that conclusive testimony one might have expected in support of the conclusions expressed by the committee as to the heredity and contagion of leprosy.

The Committee state they "are satisfied that where the disease has not been derived by heredity from one of the parents or grand-parents it has in every instance been contracted by means of contagion."

The Committee no doubt relied upon the weight of the opinion of the medical witnesses, but in the evidence as given, there does not appear to be sufficient discrimination between the mere expression of opinion and the observation of actual facts.

The Committee made a valuable report as showing clearly the number of cases of leprosy in the Colony, but it cannot be conceded that conclusive evidence of a scientific nature was advanced for the conclusions arrived at. Important and valuable as the report undoubtedly is, we append it in full.

REPORT of the SELECT COMMITTEE appointed by the Legislative Council on the 25th June, 1889, to enquire into the spread of leprosy in the Colony, and to devise means to check such spread, with power to take evidence and call for papers ;—The Committee consisting of the PRESIDENT, Dr. ATHERSTONE, MESSRS. NEETHLING, WILMOT, DE VILLIERS, VAN DEN HEEVER, and HOFMEYR (mover).

Your Committe having carefully considered the matters referred to them beg to report as follows :—

1. Immediately upon their appointment they directed circulars to be issued to the different district surgeons of the Colony, enquiring—

(*a*) As to the number of persons in each district suffering from leprosy.
(*b*) Whether the disease is increasing or not in the district.
(*c*) Whether the disease appears to be communicated by contagion.

A summary of the answers is annexed to this report.

2. Your Committee also, through the Honourable Colonial Secretary, enquired from the Governments of Natal, British Bechuanaland, Basutoland, the Orange Free State, and the South African Republic, as to the spread of leprosy in those States, and the means adopted to check it. From the answers sent to these enquiries, which are also annexed, it will appear that the Governments of the above States and Colonies are fully alive to the dangers to be apprehended from the spread of leprosy, and that those which have not yet passed stringent measures to prevent its further spread, intend to introduce such legislation.

3. Accompanied by four experienced medical practitioners, your Committee made a personal inspection of the Leper Asylum on Robben Island. The evidence of these gentlemen and of other witnesses examined before your Committee is annexed, together with some important documentary evidence bearing on the subject of their enquiry.

4. The result of the enquiry has been in the first place, to establish the fact that leprosy is on the increase in the Colony. Many of the district surgeons say that in their particular districts there is no such increase, and others again are unable to express any opinion upon the question, but in the more populous districts of the Colony, such as the Cape and the Paarl, and even in some of the outlying and less populous districts, such as Alexandria and Stockenstrom, the district surgeons report a marked increase in the number of cases. It should be borne in mind that the victims of this loathsome disease naturally endeavour to conceal it from others as much and as long as possible, and that many more cases are sure to exist than have come under the notice of the medical men whose answers have been received, or whose evidence has been taken. Your Committee estimate the number of lepers in the Colony to be upwards of 600.

5. Another result of the enquiry has been to remove any doubt that might previously have existed as to the contagiousness of the disease. The germs of the disease often remain dormant in the system for years, and it therefore becomes difficult, in most instances, to trace the source of the contagion, but your Committee are satisfied that where the disease has not been derived by heredity from one of the parents or grandparents, it has in every instance been contracted by means of contagion. It is quite possible that the disease may not be communicable except to a person having some wound or abrasion in the skin, but when it is borne in mind that the victims often suffer from a discharge of matter from the hands or other limbs, it is not difficult to conceive how readily the disease may be communicated to persons coming in contact directly or indirectly with the sufferers.

6. Upon the question whether the disease is curable or not, the evidence is not conclusive, because no systematic attempts have ever been made in this Colony to discover a remedy or to apply with care and regularity remedies which are supposed to have proved efficacious in other countries. Such evidence, however, as has been forthcoming certainly tends to support the view that the disease is incurable. The duration of life after the disease has been contracted, varies with the constitution or the mode of life of the patients, but sooner or later it seems to prove fatal. In the anæsthetic form of the disease there is not much actual physical pain, but in that as well as in the tubercular form, the patient undergoes a gradual physical and often moral decay which renders him an object peculiarly deserving of the compassionate care of the State.

7. Besides the duty which the State owes to the unfortunate lepers themselves, it owes a duty to the rest of the community, who are entitled to ask that they should not be exposed to the risk of contagion through the ignorance and recklessness of the persons affected by the disease. This duty was recognized by the Government of this Colony from the time when this disease was first discovered here, more than a century and a half ago, and the stringent regulations of the Dutch law relating to the isolation of lepers were put into force. These regulations seem to have been relaxed after the British occupation, but in the year 1817, the institution at Hemel en Aarde was set apart by order of Governor Lord Charles Somerset for the reception of leprous persons. It does not, however, appear that there was complete segregation, because the lepers were allowed to visit their friends and relatives, and no effective supervision existed over the institution. In 1846 that institution was relinquished, and from that time lepers who were willing to go, were sent to Robben Island; but there also complete segregation has never been practised. Patients have from time to time been allowed to visit their friends on the mainland, and they are themselves visited every week by friends from the mainland. Not only are they so visited, but, according to Dr. Ross, the surgeon superintendent of Robben Island, they are frequently supplied with brandy which is smuggled on to the island, and they have opportunities, of which some seem to avail

themselves, of sexual intercourse with these visitors. It is only fair to add that this latter statement is not admitted by Dr. Wynne, the medical officer immediately in charge of the lepers. The female wards were enclosed with a high wall, and were in a pretty fair condition; but as to the wards occupied by the male patients, your Committee, after a personal inspection, can only describe most of them as being in a disgraceful condition. Through want of means it may have been necessary to have floors of porous soil, ill-ventilated rooms and want of cubic space, but there is no excuse for the filthy state in which your Committee found some of these wards, and for the neglect of all sanitary precautions both inside and outside these buildings. Your Committee did not deem it part of their duty to enquire whether the responsibility for this state of things rests with the Medical Board, or with Dr. Ross, or with Dr. Wynne, but they do think that the institution, as conducted, affords an admirable illustration of what ought to be avoided in the management of similar establishments. In one of the wards, the medical gentlemen who accompanied your Committee, found a white boy whom they pronounced to be quite free from leprosy. It is clear that an institution conducted in such a manner is worse than useless as a protection to the unafflicted portion of the community.

8. To effectually protect the community your Committee are of opinion that complete segregation under responsible and effective supervision, and with every possible safeguard against abuse, affords the only remedy. This might appear a harsh measure, but its necessity becomes obvious when it is found that lepers are now allowed freely to ply trades which bring them into daily and immediate contact with the public, and even to make and knead butter intended for sale to the public. The disease is not yet so universal that it may not be effectually coped with, but every year's delay will make the task a more difficult one. With our diversified population, including races of the lowest type, many of whom do not appreciate the dangers arising from contagion, and have not the most elementary notions of cleanliness, the disease may be expected to spread more rapidly than in countries with homogeneous populations of a higher type and of more cleanly habits. In our opinion, separate asylums ought to be provided for male and female lepers. Careful regulations will have to be made to prevent the possibility of persons not actually diseased from being sent to such asylums. As to persons in a comfortable position of life, they might be allowed to go to private asylums, but such asylums should be under strict supervision so as to prevent danger to persons not affected, and the expenses of such supervision should be paid by the inmates. It would be impossible during the present Session of Parliament to pass an Act embodying all the provisions necessary for carrying out our recommendations, but your Committee are of opinion that the Act No. 8 of 1884, with the aid of such regulations as the Governor is authorised by the 6th section of the Act to make, would for the present suffice. Unfortunately that Act has not been promulgated. Your Committee would strongly recommend that the Act be promulgated and the necessary regulations be framed without delay.

9. Your Committee have inspected the buildings used as a Lunatic Asylum at Robben Island, and are of opinion that upon the removal of the asylum to the mainland, these buildings would be eminently suited for such a Leper Asylum or Hospital, as is contemplated by Act No. 8 of 1884. Many of these wards would be suitable for paying patients, but there is nothing in the Act to prevent the establishment of a private asylum on the mainland, to which patients willing and able to pay the expenses of its maintenance could be sent. Great care will be required in framing regulations for the management of such asylums, and still greater care will be necessary in the carrying out of such regulations. Without careful, responsible, and efficient supervision, leper asylums would become breeding beds of the disease instead of providing securities against its spread.

10. The conclusions, then, at which your Committee have arrived are briefly as follows :—

1. That leprosy is on the increase in this Colony.
2. That the disease will continue to increase unless effectual measures are adopted to check it, and if possible to stamp it out.
3. That the most effectual measure would be complete segregation of those likely to impart the disease to others, and that for that purpose Act No. 8 of 1884 ought at once to be promulgated and proper regulations framed for carrying out its provisions.

1. That upon the removal of the lunatic asylum of Robben Island to the mainland, the buildings on the island hitherto occupied by the lunatics should be utilised as a leper asylum or hospital under the Act, but that should patients be found willing to pay all expenses of maintaining separate asylums on the mainland, such additional asylums ought to be established.

5. That no leper hospital or asylum would serve the purposes for which it is intended unless the most careful regulations be made for its management, and and unless the greatest caution be exercised in the carrying out of such regulations, and in the appointment of persons charged with that duty.

In 1892, on the occasion of certain changes amongst the members of the medical staff on Robben Island, complaints were made in Parliament. A Select Committee of the Legislative Council was accordingly appointed, which presented the following report :—

"1. Your Committee have taken evidence on the subject of various charges made against the management of Robben Island and the various officials employed there. They have also made a visit of inspection to Robben Island.

"2. Your Committee are pleased to be able to report that very great improvements have been made on Robben Island. The lepers are now well housed in buildings which cost £8,700. More room has been secured for the lunatics and chronic sick patients, while generally the attention to cleanliness, and the evident efficiency of management, have given them satisfaction. Buildings are being improved, enlarged and erected. Iron fencing is in course of being substituted for dilapidated stone walls. Neat garden plots have been formed, and it is satisfactory to find nearly 150 lunatic patients usefully employed, so as to reduce public expenditure and at the same time assist in a very important manner in the curative process, which is, of course, one of the primary objects of the institution. Generally, they are glad to report that a great improvement has been effected, both as to the general management and for the comfort of the unfortunate patients, since attention was drawn by the Council, in 1889, to the disgraceful state of affairs then existing on the island.

"3 Certain charges having been made seriously affecting the character and conduct of some of the officials connected with the institution, the Committee felt it their duty to make careful enquiry into the truth of these allegations. They are of opinion that these charges have not been substantiated, and they fully exonerate the officials referred to from any blame. Under these circumstances and on account of the nature of the charges made, the Committee have not thought it necessary to request that the evidence should be printed.

"4. As there are more than one hundred officials employed on the island, and it will increase both their happiness and efficiency to have adequate and reasonable recreation, the Committee recommend for the consideration of Government that, if these officials form an Institute, with moderate annual subscriptions (as the Committee understand they are willing to do), an arrangement be made by Government for building them a Recreation Hall at a cost of a few hundred pounds, the interest of which at four per. cent. per annum to be paid by the subscribers.

"5. As the surgeon superintendent of the island and the resident magistrate of Cape Town are both opposed to the tippling opportunities afforded by an open bar for the sale of liquor on the island, the Committee recommend for consideration the desirability of establishing instead a bottle store, retailed from which, under special permits from the surgeon superintendent, supplies of intoxicating liquors can be obtained.

"6. They would further recommend the erection of a small jetty as soon as possible, for the convenience of landing and shipping both passengers and cargo. The absence of one causes expense, delay, and discomfort."

At the recent South African Medical Congress held in Cape Town, December and January, 1894, certain days were set apart for a discussion on leprosy, and very great interest was taken in the whole question. Owing to special facilities having been given by the kindness of the Government, the Congress were able to avail themselves of an opportunity afforded them, and a large number, (over 50), of the members paid a visit to Robben Island with a view to the inspection of the leper establishment. Subsequently the discussion was resumed, and after deliberation the Congress passed the following Resolutions, which were forwarded to the Government :—

Resolutions passed at late meeting of S. A. Medical Congress, forwarded by Secretary by letter, dated 5th January, 1894 :

1. That this Congress of medical men here assembled affirms the necessity of a Leprosy Segregation Act, that it supports the Government in its avowed resolution to appoint a Medical Commission for the purpose of enquiring into, and reporting upon leprosy as met with in this Colony, and other countries. That this Congress favours a modification of the existing Act, but that it desires to leave the consideration of this to the judgment, after full investigation, of the proposed Commission.

2. That the time has arrived to enquire into the working of the Leprosy Act with a view to modifying the regulations under which lepers are at present confined, and that, while this Congress is of opinion that a Segregation Act is necessary to suppress the spread of leprosy, it is the opinion of this Congress that a committee of experts should be provided to determine the presence of this disease before ordering the segregation of a leper.

3. That this Congress desires to place on record its appreciation of the endeavours which have been made by the Government to improve the condition of the leper hospital at Robben Island. It was noticed with regret that some healthy children were retained in the leper wards. The Congress would suggest that separate accommodation for these children be immediately provided. The Congress is, moreover, of opinion that additional accommodation is urgently needed to prevent the overcrowding, which exists in certain wards, and that additions to the medical staff are required to enable the medical officers to study the disease clinically and pathologically.

ROBBEN ISLAND LEPER ESTABLISHMENT.

Female Leper Asylum.

The female leper asylum is situated at Murray's Bay, at the north-eastern end of the island. The inmates are housed in a number of pavilions ranged in two rows, the whole being surrounded by a barbed wire fence, converting it into a compound. The fence encloses about four acres of ground, each side being about 120 yards in length. The entrance is situated at the southern end, and there is also a smaller door leading into the matron's quarters; immediately outside the fence on the same side is a separate building, which is at present occupied by a white paying patient with two children, one healthy, the other doubtful. The establishment is about one and a half miles from the medical officers' quarters, situated on ground sloping towards the sea. The soil is loose and sandy; there are a few trees, and but very scanty vegetation. Here may be pointed out as a very serious want, the absence of any immediate means of communication with the headquarters of the staff in the event of emergency from illness or disturbance. At present the only means at the matron's disposal is burning a blue light at night, or sending a special messenger in. Telephonic communication with headquarters would supply this want, and would appear to be very necessary. 6308, 10685

Fence.

The barbed wire fence, already alluded to, is presumably a means towards obtaining more complete segregation, but on investigation it will be shown that the fence, although barbed, is ineffective for that purpose. Thus, it is comparatively easy to get over it, under it, or through it. As one witness forcibly expresses it, "an ox could creep through it." It has been used by the women to hang their shawls over, whilst they can stand under this improvised tent and talk to men on the other side. So, in this way, some witnesses regard the fence as an incitement to immorality. Again, at night, especially in dark weather, it has been found most difficult for the constables to watch each side properly, and the evidence points 7150

See Index—"Female Compound."

strongly to the advisability of making certain alterations with regard to the fence and compound generally, with a view to increased efficiency. The enclosure itself, at the time of the first visit of the Commission, appeared to be quite uncared for, and was just like any other part of the unenclosed portion of the island, plus the general debris, which might naturally be expected where people, (especially of a certain class), are found congregating together.

Guards.

5310, 5447, 6177, 7658, 8424, 8559, 8805 Three guards are on duty at night; they come on at six p.m. and go off at five a.m., being relieved at midnight. Their duties are allotted to them by the chief superintendent of police. From the time they are off duty in the early morning till they come on at night the asylum is wholly unguarded. These guards state that it is most difficult for them to cover the whole beat; they are never inspected at night, and no arrangements have been made to this effect. The evidence obtainable on this matter would point to a serious defect in administration, and although there has been a guard, still the absence of proper supervision renders their whole work of very doubtful utility.

Children in Wards.

6476 There are at present 14 children in the female wards; of this total, 11 are non-leprous, they live with their mothers, and partake of the same food, and eat with the same utensils, and are housed in the same wards with their leprous parents. Under the present arrangements there is no other way of dealing with them, and this is a matter about which already the Commission have expressed their views in Letter No. 99, 29th March, 1894. The Commission must reiterate the very strong and decided opinion then expressed as to the inadvisability of keeping these children in these wards. It is imperatively necessary that provision should be made to enable 6514 these children to be removed with as little delay as possible. The Commission would strongly recommend that for the future non-leprous children be not admitted.

See Appendix.

Segregation as applied to the Female Wards.

The term *Segregation* in its strict sense, (in spite of the barbed wire fence, converting the female leper quarters into a compound), cannot be applied to the system of 6476 administration of the female wards. In the wards there are living with their mothers eleven healthy children from six months old up to 13 years. This at the very outset is a serious matter for consideration, and is a distinct "flaw" as far as segregation *per se* is concerned.

The male lepers are allowed to visit the women once a week to the number of 18 at a time, they are allowed free access to all parts of wards and compound, and they have been found there at other times. In view of the fact that there are at present only two female attendants, it can readily be seen that supervision is practically nil. The female lepers are allowed to visit the male wards once a week, under similar conditions, but are supposed to do so in charge of an attendant. These visits are by special permit and and limited to certain hours, but an inspection of the size of wards, their distance apart, and the size of the enclosure would show how difficult supervision under such circumstances is.

7657, 7571 Also at all hours during the day the leper men come and hang about the fence talking to the women. The scrubbing of the women's ward is done by male convicts, and assignations have evidently been made by convicts with the leper women, and several years ago one child was born as a result.

3034, 6166, 6173, 6816, 7566 Access has undoubtedly in times past been gained by the men to the women, and it is uncertain to what extent this prevails at the present time. Although there are guards stationed at night at the compound, this practically amounts to little better than a mere formality, as no inspection of these men is made. "Quis custodiet ipsos custodes!"

7151, 7639 to 7653 7865, 10514 The present method of permitting visitors to mingle indiscriminately, practically without any supervision, has been already alluded to, and furnishes in itself proof how inadequately segregation is carried out, in addition to the close contact implied in kissing and eating out of the same utensil. It appears that clothing has been made by one of the leper women for people living on the mainland, although it does not appear that this practice is now being carried on.

6303, 6305, 6309 Again, the matron's quarters are within the compound, and may for practical purposes be considered part of the asylum; female lepers frequently trot in and out during the day, and help in cleaning up, and the matron receives her own friends there, and has living with her a boy, her son, who is employed as a messenger, and the assistant matron.

Such deficiencies of administration of the female ward call loudly for reform, and, whilst recognising difficulties that are in the way, and with a desire to render the lives of these unfortunate people as happy as circumstances permit, some alteration of the present arrangements is needed on the following lines:—

1. Fence to be altered, or enlarged, so as to make an outer and an inner compound; the latter is preferable.
2. Men to be debarred from visiting that part of island, adjacent to compound, except by permit.
3. Special visiting days for visits between male and female leper patients to be fixed, and a day room set apart for that purpose. Attendant to be always on duty.
4. Those confined to bed to be visited by special permit only.
5. Scrubbing of wards to be done by females.
6. Visitors' rules to be strictly enforced.
7. The dwelling rooms of matron and staff to be outside the compound, so as to minimise as far as possible the contact between the diseased and healthy.
8. An office suitable for transaction of business details to be inside compound, for the use of medical officer and staff on duty day or night.

Strength of Staff.

3620, 5536, 7494

At present there are 212 female lepers, and 11 non-leprous children, confined in nine wards in this compound. Thus the care of 223 persons, some of these (9) being lunatics, others quite helpless and dependent upon their fellow patients, is entrusted to a matron and one European attendant during the day. *At night there is no attendant*, and the inmates of this large compound are left entirely to themselves. Several of the less afflicted lepers are employed at a small wage to help in the wards during the day. We have no hesitation in declaring this compound to be seriously in need of an immediate increase of proper nursing aid. The strength of the staff should at least be raised to that allowed to ordinary chronic sick patients.

Ward Management.

10148, 3632, 3636, 6787

As must of necessity follow from the very deficient assistance in the wards, the management is not such as one might wish. There is little or no attempt at classification of patients; there are no printed rules for the guidance of attendants or lepers; no stated hours for the visits of the medical officer in charge; no discipline as to the taking of meals; patients are allowed to cook odd fragments for themselves at any time of the day; spare clothing is stowed away beneath the mattresses; fragments of food are kept in the wards; the wards are not sufficiently ventilated; and the overcrowding of the compound generally is an injustice to these unfortunate people. There should be a stricter supervision and maintenance of discipline; and under this head we would draw especial attention to the cleaning of the wards by male convicts, which should not be permitted.

3627, 3720, 3763, 5593

Meals and Cooking.

3720, 3751, 5559, 10151

Complaints are made by patients, and borne out by the evidence of officials, visitors, and others, as to the want of variety of food and the manner in which it is prepared.

For the promotion of health and discipline, the meals should be served regularly, and there should be no countenance given to the irregular feeding which, we find, is allowed at present. The complaints above referred to are chiefly with regard to the quantity and quality of the beef. The tea and coffee are admitted by officials, as well as by patients, to be bad and insufficient. We would especially draw attention to the deficiency of fat in the diet scale. Fats and oils should be a marked feature in the diet scale, and should be liberally supplied. There should be a different diet scale for the native races, one in which mealies or Kafir corn, along with fat, should be an important item. In the case of Indians rice should be substituted.

3749

There is a careless and unsatisfactory method of distributing the food when cooked, and it is probably owing to this fact that each patient does not get his fair share of the rations allowed to him.

There should be an officer on duty to see the food properly and equally distributed to the patients.

3726

The cooking is done by three leper women, with the help of their leper assistants. There should be at least one responsible cook. The kitchen is dirty: one of the three boilers is broken, and the general supervision is bad.

3742

5559

Owing to the unsatisfactory diet scale there is often waste, the natives, for instance, refusing green vegetables and clamouring for mealies or Kafir corn, which are not supplied.

Bathing.

There are *seven* baths for this compound, supplied with hot and cold water. There is no arrangement for a *liberal* supply of hot water. No one appears to be responsible for the ordinary cleanliness of patients, who are allowed to use or evade the bathroom at will. It is an unsavoury fact that any individual may go for a month without taking a bath. With the present accommodation it would be impossible to provide for much more than one bath per week for each patient. There should be sufficient bathing accommodation to enable every patient to have a bath at least every other day.
3955 Hot water as well as cold should be liberally supplied, and every inducement offered to encourage frequent ablution. It should be the duty of the nurses to superintend and enforce such rules. In the summer time, it is stated by one official, sea-bathing is enjoyed by some of the patients ; but there is no definite rule, nor are any arrangements made for the privacy of female sea-bathers.

Washing.

3667—6804, 7628 It has been the custom for the male lepers to do the washing for the females at the steam laundry on the male side,—but the women object in many cases to send their clothes, and state that when they do they are returned nearly as dirty as when sent. It has also been a custom for helpless women to pay small sums to other women patients for washing done,—a washing floor has lately been constructed and it appears to give satisfaction. There appears to be little or no method in this department, and it
3666, 3673, 6804 should be the duty of the matron and attendants to superintend the washing of clothes, and there should be a staff of paid laundry women,—possibly selected from the more able bodied women in the compound.

Clothing.

9983, 9996 There appears to have been a record of kit kept at some previous period,—but this system has been allowed to lapse, and at present there is no system by which the issue of clothing can be traced ; by one witness it was stated that a certain kit of two dresses, three petticoats, and three nightgowns is issued to each patient every six months: by another witness it is stated that there is no regular rule of this kind, but that articles are supplied as they are required. There is a want of method here, and we would
7587, 7627 suggest some such plan as that adopted in gaols by which the records of clothing issued, condemned or destroyed, are kept.

No note is kept of clothing brought to the island by patients.
7027

Exercise and Amusements.

As for purposes of taking exercise the area of the female enclosure is very
3776, 5571, 6806 limited, it is the custom for the females to be marched out in batches of fifty or sixty at a time. They are allowed to walk where the male lepers can meet them. Such a party is under the care of one attendant, and is allowed to remain outside the compound for one or two hours daily. A considerable extension of the boundary of the compound is advisable, and would, we think, meet the difficulty. For those who are unable to walk, a chair or light waggon on wheels should be provided, so that they might get outside for the benefit of fresh air.

Considering the sedentary habits of women, it is advisable that some large room
7499 should be erected, in which patients might sit during the day, and when the weather prevented their enjoying the open air. Ladies in Cape Town and neighbourhood might be induced to collect illustrated papers, &c., for the benefit of the lepers. Generally speaking, more ought to be done both to amuse and to instruct the inmates in the leper asylum. Healthy recreation for body and mind should be provided, and suitable employment of some kind ought to be given to those who are detained on the island. Idleness must be discouraged by every possible means. Kindness, combined with firmness and tact, and the giving of encouragement by means of judicious rewards for diligence may do much to ameliorate the condition of the afflicted.

Hospital Ward.

No hospital or ward is provided in the female compound for severe cases of illness,
3699, 3705, 5601, 6366, 7493 or for those suffering from open wounds. Dying patients are left in the general wards amongst the less severe cases, and these are left to the tender mercies of their fellow lepers during the night. The dressing of wounds is done by leper patients, and there seems to be a deplorable want of discipline in this matter. We cannot but condemn the half-hearted manner in which the questions of removal to hospital,
3629, 5360, 6860, 6865 dressing of wounds, and regular cleansing are treated. The old dressings are thrown into the sea.

There should be a comfortable ward set apart as an infirmary, and to this all cases of serious illness and severe leprous wounds should be sent, without any exception being allowed to be taken by the individuals. The dressing of wounds should be carried out or supervised by a trained nurse, and there should be a special nurse for night duty. The dressings should in all cases be burnt. 3930

Many complaints have been made that no medical treatment is tried. It should be the duty of the medical officers to try remedies in every case of leprosy, and no effort should be lacking to give comfort and encouragement to the unfortunate subjects of this disease. 9924 9933

No proper mortuary is provided, so that at present a room adjoining the laundry has to be used as a dead-house. There should be an isolated building for the reception of bodies immediately after death, and adjoining this there should be a post-mortem room fitted up with every convenience for careful post-mortem examinations.

Male Leper Asylum.

Buildings.

The male leper asylum is situated on the east side of Robben Island, about three-quarters of a mile distant from the chief landing place. It is a sandy, barren-looking spot without any trees, and it is questionable whether any trees will ever grow there. There is no proper road from the village to the asylum, neither are the different pavilions connected by suitable paths.

There are at present at the male leper asylum six pavilions, accommodating from 50 to 80 patients each, and the patients are, as far as possible, classified according to their nationality: 2356

1. Hospital pavilion (coloured patients).
2. Free State pavilion.
3. Pavilion for white patients.
4. Bastard pavilion, with some Malays in it.
5. Hottentot pavilion.
6. Kafir pavilion.

The *Hospital pavilion* is a well designed and constructed stone building, consisting of a large day room in the centre with one ward on each side, each ward containing 25 beds, which are all occupied. The ventilation is by Tobin's tubes and outlets in the roof; the wards are fresh and well ventilated; they are not overcrowded, 800 cubic feet air space being allowed for each bed.

In connection with the hospital pavilion there is an *out-patient department*, where patients are seen every morning from eight to nine o'clock. Considering the distance of he different pavilions from the hospital pavilion, there should be at least one more out-patient department. 3946

The *other five pavilions* are simpler in design, and are, (with the exception of No. 2, the Free State pavilion, which is a stone building), constructed of iron and wood; and they are each divided into two large wards, separated by a large day room. In none of the iron and wooden pavilions is there proper provision for ventilation, and at night and on rainy cold days, when the windows are closed, the ventilation must be insufficient. Some of the iron wards are overcrowded. The iron and wooden pavilions are in every respect less suitable for the leper patients than the stone buildings, but the question of expense, may to some extent, justify their erection. They are hot in summer and very cold in winter, and might be improved by the interposition of felt between the iron and the woodwork. 4779, 7720 7667 3983, 7663, 7665

With the exception of pavilions 5 and 6, all the dormitories are heated in winter by means of stoves. The day rooms are not heated at all in winter. The day rooms indeed are not so comfortable as they ought to be; they are bare and uninviting, and have no proper ventilation; and one cannot be surprised that they are so little resorted to, and that the patients prefer staying in the dormitories all day long during the wet and cold season, as well as on windy days. It is of great importance that the patients should be attracted to these day rooms, and increased comfort and brightness in their fittings, combined with a little tact and firmness in management, would, we should hope, have this effect. A large recreation room, apart from the wards, which would also serve for social gatherings, might be an advantage, but unless it is made attractive and comfortable it will share the same fate as the day rooms at present. 5481, 7662

Classification according to race is not sufficient; and we feel that the comfort of many of the patients would be increased if there was a further classification as regards the stage of the disease, and, in some measure, as regards the character and behaviour

of the patients. The hospital has fallen into some disfavour, and is not used for acute cases of illness as fully as it should be; we regard the principle of hospital wards for those seriously ill as of great importance, and there should be no insuperable difficulty in carrying it out and further extending it.

Small isolation rooms are a decided want; they would also serve for any doubtful cases pending their removal to the probationary ward on the mainland. A few small
4629 rooms or cubicles would be useful as a reward for the better behaved patients, and would be valued as ensuring more privacy.

There should be *special accommodation* for *insane lepers*, and for *leper convicts*.
6397, 6401 There are several leper convicts at present, and one lunatic leper, who is not properly housed and attended.

It would also be convenient to have one of the wards surrounded by an enclosure, so that lepers who infringed the regulations might for a time be deprived of the full liberty the others enjoy.

Provision, too, should be made for *separating* the *leper children*, under 16 years, in a special ward; at present they are scattered in the different pavilions, but there ought to be some kind of children's home for them, where they could be under proper discipline, as it is not desirable for these children to be mixed up with the men.

5481 We are aware of the difficulty and expense of providing satisfactorily all that is required in the way of classification, but the points we have mentioned should be borne in mind, and the necessary arrangements gradually made. With the exception of the verandahs in front of each pavilion there is no shelter from heat, cold, wind, rain, and glare from sand and sea.

There are three kitchens; a large one for the coloured patients, a smaller one for the white patients, attached to their pavilion, and a small Malay kitchen, which is in a very dilapidated, unsatisfactory condition. The large kitchen for the coloured patients is clean and in good order; one cook and one under cook assisted by patients have to do the cooking for 300 people. With the appliances at present at their disposal it is impossible to give that variety of properly cooked food that is essential in an institution of this character. Proper cooking apparatus should be provided. The kitchen for the white patients we found in good order.

Two *private male leper patients* occupy a *small wood and iron cottage* with two
9981 rooms and a bathroom for each patient; there is no provision for heating the room in winter. This is a want which needs immediate attention.

"The winter is coming on," says one patient, "and there is no fire place, and the rooms are very draughty. It is simply killing me to stop. I have asked several times for a fire place."

A *second cottage* is set apart as quarters for the male attendants. The bedroom accommodation is satisfactory, but there is no mess room or sitting room; the attendants mess in the leper kitchen; their food is cooked here, and their vegetables are prepared for cooking by lepers. This arrangement calls for speedy revision, being neither safe nor fair to the men. An attendants' mess room with kitchen attached should be provided without delay, and it should be made large enough to serve as a comfortable sitting room.

A *third cottage*, formerly the nurses' quarters, is at present occupied by two nurses, the Dutch Church chaplain, and constables.

A *fourth cottage* is occupied by the chief superintendent of lepers.

Connected with the male leper asylum is the *general leper steam laundry*, which is worked by an engineer and eleven paid leper patients. This washhouse has not been long open, and its organization is not yet complete; in completing it, it appears advisable to supplement the steam washing machines by a hydro-extractor, and to erect a drying chamber of some sort, as rainy weather must make it very difficult to cope with the large weekly washing and to return the things properly dried.

The *bathrooms* adjoin the laundry; there are six baths for coloured patients, and two for white patients. The bathroom is a very comfortless place, and is apparently very little used. At present the hot water supply is drawn direct from the boiler; it would be better and safer to lead steam from the boiler to a tank containing water. The drain from the steam laundry and the bathrooms to the shore is not satisfactory.

Sea water might, we think, by means of windmill pumps be utilized for bathing purposes, flushing of drains, &c., and a saving be thus effected in the island water, the supply of which is insufficient for all needs.

Fire.

There are pumps and patent fire extinguishers at the leper asylum, as precautions 4000
against fire, but the only water available would be that left in the tanks, which would 8770
be altogether insufficient. Neither is there adequate provision for extinguishing any 8776
fire breaking out in the village; every place might be burnt down before much could be done.

Attention should be directed to this matter, and we would advise having a steam fire-engine, with hose sufficient to utilise sea-water in case of any fire breaking out on the island.

Hours.—There seems to be no fixed time for the patients to rise in the morning. Breakfast is served at eight o'clock, dinner at about half-past twelve, and tea at half-past four o'clock. In the evening the patients are supposed to be in their wards by nine o'clock; and at ten o'clock the lamps are put out and the patients are supposed to be in bed. Some of the patients do not attend at meal times regularly, 5294, 5295
they go out first thing in the morning and come in late at night; they mostly go out fishing, and some of them almost live down by the water using the fish they catch as their food. Patients might apparently stay out for nights, and weeks even, unnoticed. 6599, 6601
Dr. Impey says of some patients, "I have not seen them for weeks." To prevent this there should be a check on the lepers by a daily roll call in each ward, and it should be the duty of the night attendants to count the patients every night, and report if any of the patients are absent from their beds at night time.

Personal cleanliness.—Bathing:—This is a rather difficult question as the patients generally seem to have an aversion to water. As a rule every patient is supposed to 2310
get a bath after his arrival on the island, but in some cases patients have to be forced. For the rest the question of cleanliness, and bathing seems to be an individual one; 3949
every patient is more or less allowed to do as he likes; many patients never take baths, many very seldom, many will scarcely wash themselves and there are no regulations to compel them. Proper lavatories should be arranged for each ward, the bathroom 2314
accommodation should be improved, and every patient should be bound by rules and regulations to wash himself properly, and to use a bath as often as necessary, once a week at least.

Clothing, Kit and Equipment.

The wards and day rooms are supplied with tables and forms, each patient is 3763
supplied with a bed-side cupboard and locker, and with a small stool; several of the small rooms are also being fitted up with lockers all round for each individual. The sleeping accommodation and bedding is good, there being enough 7455
sheets, blankets, &c., but a few air mattresses or water-beds are wanted for patients who are very ill and have bed sores. Every male leper patient gets two suits to start with, and when the articles are condemned new clothing is issued. Thursday is fixed for issuing new clothing. The clothing is washed every week in the steam 9956
laundry. The old clothing is inspected by the medical officer in charge, and if articles are 5238, 5242, 9957
unfit for use, they are condemned and burnt. More care and supervision might be 9996
exercised in regard to the spare clothing, as patients put them under their mattresses and pillows, or throw them on the floor.

On the whole there are not many complaints about the clothing itself. It is stated 7812, 7158, 6930
that the Government provides most generously for the lepers, but orders are not always executed by the superintendent of male lepers; if the patients got all the Government allows they would be satisfied. The kit and equipment books have not been properly entered up. The male leper superintendent admitted there were many omissions, but 10090, 10097, 10145
said: "I was not able to overtake the work, as the patients came in such large batches," and sometimes the stock ran so short that the proper amount of clothing could not be issued. Greater attention is necessary in this branch of administration.

Employment of Patients.

At present there are employed:—as laundrymen, 11 patients; scullerymen, 5; ward assistants, 24; dressers, 7; tailors, 2; grave-diggers, 3; shoemaker, 1; sanitary work, 11.

These 64 men earn from six shillings to £2 5s. per month, and are besides rewarded with medical extras. It is astonishing that not more of the patients make themselves 3950
useful in one way or another, but it is said that as a rule they will not work and, as there are no means of forcing them, they are left to do pretty much as they like all day. It would be advisable to have some regulations by which those able to work might be induced to work.

Amusements.

5474, 3961, 5485, 3685, 6221, 3962, 5355, 5483, 3961

The lepers have amusements, but they do not seem to care much for them. Some patients are very fond of *fishing*, and amuse themselves the whole day in this way. Many play *cards*, *dominoes*, *draughts*, &c.; some play *musical instruments*, but most of the patients seem to consider the *dolce far niente* as their chief amusement. *Kafir dances* have been arranged and the constables have given *concerts*, but the concerts have been a failure; the patients do not care to attend. There is a little *shop* in the male leper settlement, kept by the chief boatman, which affords the patients some amusement. The *three schools* (English, Dutch, and Kafir), are attended by a fairly large number of their patients. *Writing utensils* are at their disposal, and some patients pass a portion of their time in letter-writing. There is no *library* in the male leper asylum. *Religious services* are held by Church of England, Dutch Reformed, and Roman Catholic ministers.

Diet.

5251, 7454, 3748, 5255, 3755, 5655, 5270, 3723, 3728

The patients have for *breakfast* bread and coffee, for *dinner* meat, vegetables, and rice, sometimes soup, for *supper* bread and tea. Fat and butter are only given as medical extras, or as a reward for work done. Sago, custard, and eggs are also given as medical extras. The bread, which is baked on the island, is generally considered very good. Mutton is good, the sheep being brought over from the mainland alive, but the beef, which is sent over, that at all events which is supplied to the male leper wards, is stated to have been often of very poor quality and it has turned bad on several occasions.

3196, 3261, 3285, 3308, 4676, 7124, 7134, 7174, 7252

No allowance for bone was made until lately, and it does not appear to us to be a good plan for the meat to be sold to the staff from the institution store. If there was a co-operative store on the island the meat required for the staff would be ordered separately, and there would be a much better check on the quality of the meat distributed to the patients. On the whole the *allowance* of the provisions is sufficient in quantity and mostly good in quality, but the *cooking* and *preparing* of the food gives cause for much dissatisfaction; and no wonder, in view of the badly equipped kitchen in which the food for about 300 persons is cooked. The cooking apparatus should, as already stated, be much improved.

The *distribution* of the rations also gives rise to many complaints, and sometimes to disturbance between the lepers and the attendants. The meals are served in the day-room, one solitary attendant cuts and divides the rations in a little side room; and, as he has to serve so many patients at the same time, it is impossible for him to see that each patient gets his proper quantity. The *supervision* at *meal times* is altogether incomplete, and there is very little order and method; many patients take their food into the dormitories. The medical man in charge or the male superintendent *inspects the food* in the kitchen, but these inspections do not seem to be very regular. More regular inspections of the food, and proper supervision at meals will be necessary to prevent many just complaints.

3911

If the pavilion near the kitchen were sub-divided into dining rooms for the different classes the food would be served in better condition, and its distribution could be more easily supervised; and the present day rooms could be made more comfortable and attractive. When more room is at the disposal of the authorities, this plan should be considered.

Sanitation.

5617, 5609, 5616, 5283, 3766, 5620

The sanitary conditions in the male leper asylum are very unsatisfactory, there being practically no drains. Many of the patients besides do not assist in any way to keep the place clean and tidy. On the contrary, they seem to do all they can to make it dirty.

5605, 4728, 4735, 5611, 5622, 5608, 5613, 5619, 5617, 5618

The wards, as well as the day rooms, are cleaned daily. The wards are scrubbed once a week, the day rooms every other day, but whether they are kept clean and tidy depends to a great extent on the personal inclination for cleanliness and tidiness of the inmates of the different wards; they vary very much, some wards are clean and others are dirty. The condition of the existing lavatories and bathrooms in the wards is very unsatisfactory and requires more supervision. No disinfectants are provided for the staff and the visitors, and the staff do not appear to us alive to the necessity of careful ablutions with disinfectants. One sanitary inspector, five convicts, and ten leper patients are engaged in the outside sanitary work, and still the surroundings of the pavilions have a dirty and untidy appearance; the patients throw the slops all about, sometimes out of the windows of the wards. The closets are not always in a satisfactory condition; the tub system, without earth, is adopted. Many patients do not use the closets at all; they relieve themselves all about. The tubs are supposed to be emptied every day, and chloride of lime is freely used for them. Formerly the night-soil was buried in the sand or thrown into the sea, but lately a tip has been made at

the north end of the island for all night soil and refuse from the leper wards. We are not satisfied that this tip is the best method of disposal of night soil, and the authorities should watch the experiment. The old dressings are buried, or burnt when possible. For the bath and slop water from the pavilions there are pipes leading to catch-pits placed at a short distance. There used to be catch-pits also in front of the kitchen, but now the kitchen water is put into tanks and taken away. 266

It is to be hoped that the drainage scheme for the male leper asylum, at present in progress, will soon be finished, and that the patients will be compelled to observe sanitary rules and regulations; only then will the sanitary condition of the place improve.

Complaints of Male Patients.

The chief and universal complaint of the male lepers is of their *separation from their friends and families.* "They wish to go home, there is nothing on the island that pleases them," and "they consider themselves the unhappiest people in the world." 3095 to 3404 9423 to 9542

"It is simply killing me to stop here."

"I am exceedingly anxious to go home from the island."

"I wish to leave the island and go to my home: that is my great complaint; our hearts long very much to go home; my only longing is to go home."

"I do not care about food, my greatest longing is to get away from the island."

"I only want to go home; my heart is very sore, as I have a wife and children and want to see them."

Such and similar expressions one hears from a great many male patients.

Some patients would be *satisfied* if they could be *segregated on the mainland* to be nearer their relations and friends. At present the *difficulty of access to the island* makes it very inconvenient, if not impossible, for their friends and relations to visit them. 3113

A great many patients consider *Robben Island generally a very unhealthy place*, and are of opinion that their disease gets rapidly worse on the island. They complain that it is *too hot in summer* and *too cold in winter;* that the place is too *windy;* that they have *no shelter;* and that their *eyes* suffer a great deal from *sand and dust*, and from *the glare of the sand and sea.* 3117 3156

The *iron buildings* are *too hot* in summer, and *too cold* in winter. 3100, 4819

Many *complaints* are made about the *food*, more especially about the meat, tea, and coffee; the meat being often poor in quality, and having turned bad several times during the last season. The quantity of the food is generally considered satisfactory, not so the quality. The bread is good, but they have to take it dry, *fat and butter* being given only as medical extras or for work done. Vegetables are plentiful generally, but there is very *little variety.* The *preparing* of the *food* and the cooking is bad on the whole. See Index, "Food."

Tobacco is bad and scarce at times.

Complaints are made about *scarcity of clothing.* 7882

There is very *little comfort.* This is especially noticeable in the day rooms. 9430

Several patients complain that they *do not receive any treatment* at all *for their disease.* 3103, 3272, 3306

Others say that they have been *brought to the island* under *false pretences.* 3119, 3150

Complaints are also made about the *unfair operation of the Segregation Act*, some patients being allowed to remain at their homes, whilst others are sent to the island. 3316, 4829

Several complaints were made about the *want of attendants*, and also that some of them have been *drunk* at times. 7182, 7463, 7596

Some patients *do not like to complain, being afraid of ill-treatment* from the attendants.

Several patients complain of having been *threatened with revolvers* at a disturbance, which arose from bad meat having been served out to them. Besides there are many complaints of minor importance. 3217, 3285

It is only natural that the leper patients who are segregated on Robben Island against their will, and who have under the present Act no hope of returning to their homes, should be disposed to dissatisfaction, and should complain more than is perhaps warranted. But the official visitors as well as the members of the Commission are satisfied, that many of the complaints are justified and though many of them may not be very serious in themselves, and some indeed would have occurred under any management, and certainly under management a good deal more perfect than exists in this undermanned institution, the organisation of which did not keep pace with its rapid extension, there is no doubt that to the patients the matters complained of have added to the misery of their lot. Every care therefore should be taken to remove all reasonable and even some unreason-

able grounds of complaint, for it must be remembered that these people, for no crime
1801 that they have committed, but solely for the public good, are, with minds keenly alive to their position, banished to a barren island, there to be detained probably till death

The Commission are recommending various improvements in the housing and maintenance of the lepers, and when these improvements are completed, the conditions of the unfortunate victims of the disease will be greatly ameliorated, and we feel sure that complaints will be less numerous.

Staff and Administration.

The male leper asylum, containing 330 patients, is under the direct control of a male leper superintendent who is assisted by two nurses, eleven male attendants, and a staff of leper assistants. There is a cook for the nurses, two male cooks for the kitchen, an engine driver for the laundry, and a shoemaker. The staff of leper assistants consists of 24 ward assistants, seven dressers, five scullerymen, one inside sanitary worker, ten outside sanitary workers, eleven laundrymen, two tailors, one shoemaker, and three grave-diggers : a total of 64 paid leper assistants.

The male leper superintendent was appointed to his present office in 1890. He did good service in organising the old male leper asylum, effecting many improvements, and working for a considerable period single-handed. His duties are to look after the cooking and food, dress wounds if required, and general supervision. The nurses have surgical care of the two wards of the hospital pavilion. The attendants have charge of the wards, see to the cutting-up of the food and its distribution, and scrub the wards once a week, and the day rooms every other day.

277 Enquiry was made as to the sufficiency of the present working staff. We are of opinion that the supervision of the patients is not close enough either during the day or the night. Many patients suffering from acute affections live scattered in the various wards, and many others who are able to be up, but whose wounds need dressing, scarcely seem able to attend at the outpatients' department, so that a good deal of dressing of wounds goes on in every part of the asylum; ("The lepers dress themselves very
7003 often, I look at them occasionally"). The lepers, as a class, seem to be very kind and attentive to each other; one witness speaks of lepers sitting up with their fellows in times of sickness, and holding them in their arms for hours. But it is not enough to rely on this in a hospital, and we can see no other plan than that of increasing the staff.

5246 There is not close enough supervision in many other matters, *e.g.*, in the inspection of the food, and its distribution; in seeing to the personal cleanliness of the patients; in organising working parties; in taking care that regulations are obeyed during visiting of friends, &c., &c. The attendants seem to go off duty at five p.m.; the solitary night attendant does not come on duty till eight or nine, so that during certain hours no one is on duty in the wards, except the leper assistants. If a patient is dying or very ill, it is said the nurses are fetched. Even in the hospital pavilion the nurses on alternate
7896, 7898 days go off duty at six, which leaves the hospital unattended for two hours. In the evening, no one seems responsible for reporting whether any patient does not return at the stated time. During the night there is only one night attendant for the 330 patients, and he in the very nature of things is utterly unable to properly look after six pavilions, see that the sick and the dying receive proper care and medical aid, and attend to the general state of the wards.

5397 The superintendent of male lepers stated that he has no fixed hours, that he is at work at all times, early and late, that he is undermanned, that it is impossible for him to supervise everything. "I think the lepers are pretty well satisfied with what I do for them; I always tell them if there is anything they want to let me know; there are
5321 some 300 patients, and one cannot remember every little thing." "There should be one attendant to each ward; formerly, this was the strength, but it was thought that the patients would help, if paid a small sum, and accordingly one attendant was done away with, and four boys engaged in his place."

4736 4907, 3566, 7311 The official visitors recommend an increase in the staff:—"The staff should be considerably strengthened so as to allow the sanitary and other arrangements to be efficiently carried out." (*Mr. W. E. Moore*). "I think there should be an increase in the nursing staff" (*Mr. F. F. Rutherfoord*). Dr. Eyre, from his former experience of the working of the leper wards, thinks that there should be four trained attendants for every 100 patients, three for the day, and one for the night. Another witness states, "I am afraid there is not sufficient management or control."

We are satisfied from our own observations and from the evidence, that the staff of the male leper asylum should be considerably increased.

A difference of opinion was expressed as to the kind of nursing staff that is most suitable, and in connection with the question of increasing the staff this point has to be decided; whether it would be better to engage trained female nurses, or to increase the number of male attendants, or still further, add to the number of paid leper assistants.

On this point Dr. Impey says, "I would rather have a person who treated the patients 6338
kindly than one who wanted too much hospital discipline so to speak. I think the object should be to make the patients as comfortable as possible and segregate them in as gentle a manner as possible. I do not look upon a leper asylum as a hospital pure and simple; it is a home for incurables. Last year we tried trained nurses; they were very satisfactory from a medical point of view, but the patients were up in arms against 6341
them altogether, simply because they were constantly washing and dressing the wounds, 6346
and the patients had no rest. The great thing is tact in the management of the leper patients." Again, "It is generally more difficult to manage the nurses than the patients," and "as a rule you find ordinary nurses are afraid of lepers."

One witness said: "I do not think the white people should wait on the coloured 6966
people; they should be waited on by coloured people, otherwise they will get troublesome, it is the character of the natives. I would do away with the practice of letting white people wait on the coloured, as the latter only grow more and more insolent, and seek more and more of everything. The coloured people ought to have their own cooks and attendants as in the female asylum." When asked whether the same reasoning would not also prescribe a black doctor and a black matron he hesitated to follow his argument to that conclusion, but would not admit that anything would be gained by the moral influence of white nurses of a superior class, and gave it as his opinion that coloured nurses are very good and kind, and better than white nurses for lepers.

The nurses of the Kimberley Hospital staff from their experience at Robben Island, and their knowledge of the amount of nursing work involved, recommend that there should be more nurses in the various pavilions with a competent matron at their head.

Another point to be taken into account in considering this question is the alarming threats said to have been made by certain lepers to do personal violence to the nurses. At one time these threats gave rise, we are informed, to grave uneasiness on the part of the nursing staff and the administration, though, except in one solitary instance, no actual violence was used. The nurses who have favoured us with their views do not apparently attach much importance to these threats, and it would be a strange and unheard of thing if hospital nurses received rudeness or violence at the hands of any men to whom they were ministering, and were not supported and protected in their work. Nurse Foster says the patients were always respectful to the nurses.

The particular mode in which the staff should be increased is a matter that may fairly be left to the medical superintendent's discretion; but we may indicate our opinion that there should be at least one white attendant to each of the wards, that in the European ward there should be two attendants, and that extra attendants should be engaged for any paying patients whose contributions warrant it. This scale would 3799
increase the present staff of attendants from eight to twelve or thirteen.

One night attendant for 330 patients is quite inadequate, and we would recommend that two additional night attendants be appointed; one would then have charge of the hospital pavilion, one the European ward and adjoining pavilion, and one the remaining part of the establishment. In the Estimates for 1893–94, as finally passed, we observe that for the male leper wards provision was made for a head nurse, 12 nurses, and 17 attendants.

As to the number of the leper assistants, we think it is of the greatest importance that the lepers should be encouraged to assist in the working of the establishment in every possible way; the employment of the patients conduces to their happiness, lessens discontent, and facilitates the working and good government of the institution. We think that there might be a great extension in this matter of systematic industrial occupation for the patients with great gain in every way to the community. Of the 330 male patients only 61 are systematically employed, a percentage of 19.

In the General Leper Asylum, Mahaica, British Guiana, 75 per cent. of the men were employed (see Hillis, Leprosy in British Guiana, 1881, p. 245)—"There is nothing more injurious or subversive of discipline than having a number of chronically diseased people who are able to do a little work huddled together in listless apathy. The evil habits the lepers had got into were very difficult to overcome and remove. The only inducement I was in a position to offer, a little tobacco or sugar as extras, they had already received; of the latter in hurtful quantities, the curtailment of which they looked upon of itself as a heavy grievance. The Government, however, granted the sum of 29 dols. a month to be given as gratuities, which enabled me to have a good deal of work done, to the benefit of all concerned. The following is an extract from the

work book showing the nature of the work they are engaged in. The tinsmith's shop has only been in operation four months: overseer, 1; minding the boys, 1; carpenters and apprentices, 5; shoemakers and apprentices, 6; tinsmiths and apprentices, 4; hospital nurses and dressers, 7; whitewashers and painters, 4; tailors, 3; pioneers, scavengers, scrubbers, &c., 14; yard sweepers, 6; warders (responsible for cleanliness and order in their wards), 5; schoolmaster; water carriers, 2; warders, 4; transporting, collecting and cutting up firewood, 6; grave digger; grass weeders, 7; boy to mind donkey; lamp lighter; pulverising earth for latrines, 14; meal servers and general jobbers (all boys), 7; 1 man tending the blind; 1 to clean cooking apparatus; total 92 out of 122. I have encouraged as much as possible trades; the work is liked and it is useful." In later reports the proportion of workers is not so high, being 143 out of 290 in 1888, and 123 out of 268 in 1889; but still considerably higher than the Robben Island returns.

In Dr. Beaven Rake's Leper Asylum, Trinidad, allotments of garden ground are given to the lepers, and garden produce bought from them at half the usual price. Employment is recognised as an effectual agent in keeping the patients out of mischief, and also as exerting a very salutary effect on their health.

We are aware of the exceptional difficulties that Robben Island offers to the employment of patients in the most healthy and suitable pursuit of all—gardening,—but we are satisfied, greater attention to the employment of the patients and the exercise of ingenuity and tact would result in useful occupation being found for a much larger number than at present, with marked benefit to the establishment. And we would recommend that an increased sum be expended in gratuities to patients so employed.

The 64 paid leper workers receive sums ranging from 6s. a month to £2 5s.; the majority receiving about 12s. 6d. a month. Patients would be able to expend their small sums in the shop that at present exists in the leper bounds, and could thus treat themselves to many little luxuries or they might be encouraged to save and send small sums to their wives and children at home. The Post Office Savings Bank should be accessible to them, and they should be made to feel that they are working for themselves and their families, rather than the Government.

The following *recommendations* as to points of detail in management would appear to the Commission as absolutely essential for the good administration of the wards:—

Female Wards.

Accommodation of Staff.

That there should be an office erected within the compound suitable for the use of medical officer, and for staff who are on duty day and night.

That the residential accommodation for the matron and nursing staff should be provided outside the compound.

Communication.

Would recommend that the Female Leper Institution should be connected by telephone with head-quarters in the village.

Ventilation.

We are of opinion that the wards require a proper system of ventilation—they are overcrowded; and more attention should be given to cubic space per individual.

Guards.

We are of opinion that the present system of night guards should be abolished, but that the number of night nurses in wards be greatly increased, and that the compound be lighted up properly.

Barbed Wire Fence.

We are of opinion that the fence should be extended and strengthened, so as to have an outer and an inner compound.

Visits between Patients.

Certain days should be fixed, and visits allowed by special permit only, a proper dayroom set apart for the purpose, and an attendant on duty.

In cases of bedridden patients special permit to be given.

The male lepers not to be allowed to walk in that part of the island where the female asylum is; nor to hang about the compound.

Exercise.

The patients should be exercised under sufficient supervision, and the compound ought to be extended.

A large dayroom should be formed where patients could sit during the day; and any benevolent set of individuals, such as the Sufferer's Aid Society, or a society of ladies might be formed in Cape Town for collecting illustrated papers for the lepers; and it might be arranged to give them sewing or knitting in order to keep them occupied—bandages, &c.

Baths.

Sea-bathing should be encouraged, and arrangements ought to be made to ensure the privacy of female bathers.

The scrubbing of female wards ought not to be done by the male convicts. The matron ought to supervise the washing and scrubbing, and a female staff of washer-women should be formed.

Stricter supervision and greater attention to cleanliness demanded; but the male convicts should not be allowed to clean out or be within the female compound.

The hours of meals ought to be carefully regulated; no indiscriminate cooking ought to be countenanced, and fat (a liberal supply) should be allowed. For the natives a different diet scale should be made, in which mealies or Kaffir corn ought to appear, and for coolies, rice. Small messes should be encouraged, and the meat should be officially inspected *on arrival*, and rations to be inspected at meal times. There should be at least one responsible non-leprous trained cook.

The bathing and washing of patients should be attended to, and sufficient bath accommodation, with warm water, should be given, so as to make it possible for each individual to have a bath at least every second day. Certain rules and regulations ought to be made for compelling each individual to be bathed twice a week.

Hospital.

A hospital should be maintained, and the dressing of wounds, &c., should be carefully done, and the old dressings destroyed by burning. The dressing of wounds should be under the supervision of a qualified nurse; and during the night there should be a night nurse on duty, and more attention ought to be paid to medical treatment.

MALE WARDS.

Ventilation should be improved in the iron and wooden wards.

Dayrooms should be heated in winter, and made more bright, comfortable and attractive, and should be better ventilated.

Small isolation rooms are wanted for erysipelas, and single rooms for the better behaved patients.

The classification of patients should be extended. For insane lepers special accommodation should be provided, and also for convicts.

Children under sixteen should be removed to a separate ward apart from the men.

Private patients require stoves for heating in winter.

Proper lavatories attached to each ward should be arranged, the bathrooms should be improved, and each patient should have a bath at least twice a week. The bathrooms and lavatories should be regularly supervised.

Air-beds and water-beds are wanted for patients requiring them.

An extra out-patient department near the further end of the male leper asylum is necessary, to be more convenient for patients who cannot walk so far as the present surgery.

Disinfectants should be liberally supplied for visitors and attendants.

The Malay kitchen is in an unsatisfactory state and requires improvement.

The general kitchen requires more cooks and more cooking accommodation.

A dining room for attendants, which may serve as a sitting room also, with kitchen attached should be provided without delay.

A drying chamber is badly needed at the steam laundry.

A daily roll-call should be instituted to enforce regularity.

More care in regard to the records of clothing and kit books is required.

Better inspection of the food and better supervision during meals are required.

More use should be made of those who are sufficiently healthy to work.

Proper fire-extinguishing arrangements should be made.

The drainage should be completed as soon as possible.

Dry earth system in the closets should be carefully carried out.

Burning of old clothing, dressings and rubbish should be the rule.

Mortuary.

There should be a proper mortuary established, and next to it there might be a room properly fitted for making careful *post-mortem* examinations.

Paying Patients.

Paying patients ought to be much better treated.

Drinking of Well Water.

The wells ought to be and have been already condemned, the drinking of well water ought in no case to be permitted, and the drinking of such should be prohibited.

Night-soil.

Insufficient attention seems to be paid to this, and the condition of the closets is bad. The closets should be scrubbed daily and a liberal supply of Jeyes' Fluid, carbolic acid, and other disinfectants used. The tubs must be cleaned out daily and duplicate tubs kept, while plenty of dry earth should be used with the tubs. The depositing of night soil by the patients in improper places ought to be made a civil offence and punishable.

Drainage.

Proper drainage ought to be carried out and catch-pits abolished.

Interments.

The graveyard ought to be removed from, and be placed out of sight of the leper settlement and a *special* trolley should be kept for the removal of the bodies.

Kit and Equipment.

Some method such as that in use in gaols ought to be adopted, whereby a record of the kit issued to each is carefully kept, and a record of all clothing issued, condemned, or destroyed, and a note should be kept of any clothing brought to the island by patients.

Water Supply.

The water supply may be classified under :—

1. Wells.
2. Rain water.
3. Cape Town water imported.

198 The water of the island is deficient in quantity, and bad in quality.

Wells, always to be looked upon with suspicion, are the chief source of supply. In a sand and rock formation, when the sanitation is decidedly imperfect, when discipline is weak and when such a large amount of disease exists, the drinking of well water should be looked upon as next to an offence. Upon examination of the water these
8723, 8733, 8737 wells have been condemned for drinking purposes. There appears to be no doubt but that well water is still used for drinking and cooking purposes in the female compound, though the well is situated only 200 yards from an old burial ground, and on a lower level. The existence of rock between the cemetery and the well should be no guarantee of the potability of the water. There should be some rigid rule forbidding the use of well water for drinking, and we need merely quote from Dr. Gregory's report of 6th December, 1893, to show there is necessity for such a suggestion. He says—" Inmates of the female settlement are drinking water from the condemned central well. It seems useless to allude to this, as I have done so on former occasions without avail."

8760 This well water for the females is raised by hand-pumping, done by four lunatic patients, and there have been occasions when there has not been sufficient water for the washing of patients' wounds.

6853 For washing and cleansing purposes, and for irrigation, there can be no objection to well water, but, without a very perfect system of raising, there will always be a danger of an insufficient supply. At present, for irrigation, the supply is quite insufficient.

7501 Rain water is now conserved in underground cemented tanks, of which there are two in the female compound. The water is caught from the roofs of the pavilions. These tanks are to supply drinking water, and that used for cooking purposes. A strict supervision and inspection will have to be kept to avoid these becoming a source of danger to the health of the inhabitants. During the summer months there will be a danger of insufficiency.

203, 8724 Cape Town water had to be carried to the island during the summer of 1893–94, and this too is most unsatisfactory, as being expensive, and at times uncertain.
3684, 2304, 2323, 8721, 2298 Formerly the male leper asylum was supplied with water from the two wells in the village, for culinary and drinking purposes as well as for bathing and washing.

Since this water has been analysed and reported to be unfit for drinking, it has only been used for bathing and washing.

Now rain water and water from the mainland are used for drinking and cooking. At the male leper wards seven underground cement tanks for rain water, each capable of holding about 16,000 gallons of water, have been constructed. Next season, when all these tanks are finished, the authorities hope that sufficient water will be caught to give the settlement an abundant supply for the next dry season.

We regret that we are unable to share this opinion; when all has been done that is proposed, there will still in our opinion be an insufficiency of pure water for the use of this large establishment. Precautions must be taken to prevent patients drinking water from the wells.

Sanitation.

The tub system is very imperfectly carried out. The tubs are said to be emptied and cleansed daily, but this we find is frequently neglected for days together until the "stench is vile." This branch of sanitary matters must be described as exceedingly bad. There is a great dearth of disinfectants, if they are ever used at all. No dry earth is ever used. 4729, 4770, 4773

The tubs are emptied by convicts, the night-soil being tipped into the sea near Murray's Bay. From Dr. Gregory's report of 6th December, 1893, we gather that some improvement is necessary at the tipping places to avoid a deposit of stercus on the projecting rocks. 5286

The closets should be scrubbed daily and a liberal supply of some disinfectant used. Dry earth system should be adopted and carried out to the letter. The tubs should be changed daily (*i.e.*, there should be duplicate tubs.) 4774, 1738, 4734, 1736

Under this head attention should be drawn to the fact that at present there is no provision made for the punishment of persons who refuse to use the closets and recklessly deposit night-soil in improper places. No action can be taken under the Police Offences Act. Possibly if they could be dealt with under the Common Law this would obviate the difficulty. 243

The present want of proper drainage is having attention and a system is being worked out.

We found no system of drainage actually in existence, though there is a drain carrying the slop water from the kitchen to the sea and another from the washing floor to the sea. These drains should form the back-bone of a thorough system, and this we believe to be the intention of the Administration.

The catch pits in various parts should be done away with.

Burial Ground.

The present burial ground is situated on the east side of the island midway between male and female leper compounds, and is enclosed by wire fence. 2275, 2283, 2266, 2277, 2278, 5382, 5631

The old cemetery situated behind and above the village has been closed; it is said to contain thousands of graves. The soil to any depth is pure sand. The graves are dug to a depth of five feet (Dr. Impey says six to seven feet) and on some occasions as deep as six or seven feet.

In the case of Malays a separate grave-yard is set apart. It is about 15 feet square, situated half-a-mile from the village and contains only three graves. The bodies are not enclosed in coffins according to religious custom.

The usual coffin is of stout deal, pitched inside. The corpses are conveyed to the cemetery on a trolley.

The grave-yard should be out of sight and removed to an uninhabited part of island; the general trolley should not be used.

Dog Quarantine Station.

Since the passing of the Rabies Act the Government has instituted a quarantine camp for imported dogs upon the island For this purpose a small enclosure has been formed within which the kennels for the reception of the dogs are placed, whose wants are attended to by two keepers specially retained for this purpose. The transference of imported dogs takes place as soon as possible after their arrival, and their respective owners have to pay for their maintenance and care. The period of quarantine being three months, it necessarily follows that the cost when added to that of carriage to the Colony from other shores materially adds to the value of the animals, and it might be considered, that as these costs are much the same for any class of dog, only valuable dogs will be imported. No one owning such an animal will care to leave it absolutely to the mercies of the authorities during the whole period of quarantine, and hence the island must be 8530, 8511

visited at frequent intervals by individuals either owning or having some interest in the imprisoned canine inhabitants. The situation of the kennels is such that any individual visiting the kennels might if his curiosity prompted him visit the wards, a condition of things which is by no means favourable to complete segregation. On the other hand, however, the welfare and comfort of the patients themselves cannot be added to by the sound of barking which emanates from the collection in the kennels, and for this latter reason alone much might be said in favour of the removal of the kennels. No one can feel tempted to deny to the poor lepers the sympathy of their own friends, and under certain condition their visits should be encouraged, but if the leper establishment is maintained on the island principally for the reason that segregation is the more readily and completely maintained, then all unnecessary visits to the island by others than the officials or friends ought to be as far as possible prevented.

General Administration.

The leper establishment consists of a male leper asylum, and a female leper asylum, and is under the direct control of the chief and medical superintendent, Dr. Impey. Dr. Impey is assisted in general administrative duties by an assistant lay superintendent (Mr. Powys Jones), and in his medical duties by an assistant medical officer (Dr. Todd).

Medical Staff.

3870, 3890, 4787, 4904, 8130, 10821, 10885

The insufficiency of the medical staff is too obvious to need much comment. There were two medical officers in 1880, when the establishment contained 315 patients ; (187 insane, 89 chronic sick, and 39 voluntary leper patients) ; and there are still only two medical officers, though the patients have nearly trebled (828), and the general work of the establishment has correspondingly increased. Two medical men have to attend to 537 lepers, living in pavilions scattered over a wide area of ground,—many of them in very feeble health, and needing as much medical attention as acute cases in a general hospital, all of them subject to confinement and segregation for an indefinite time, away from home and friends, on account of a bodily disease, which it becomes an incumbent duty under the circumstances to observe and study with all the acuteness that medical science can command.

Furthermore, these two medical men have to attend to 278 insane patients, to visit and attend cases of sickness occurring in the families of the staff and work people numbering 400, and to act as visiting medical officer to the convict station, containing 100 men. And Dr. Impey has further charge of the general administration of the island, which alone would make a great inroad on one man's time.

It is impossible for two medical men to satisfactorily perform the duties required of them, and in justice to them this fact should be borne in mind when various shortcomings are alluded to in the medical management and supervision.

6559, 6574

All the witnesses examined on the point agreed as to the insufficiency of the medical staff. Dr. Impey said:—" It is as much as we can do to get through the ordinary routine work ; more might be done in the way of treatment ; no connected scientific work can be done." Lately, when Dr. Todd was over giving evidence before the Commission, Dr. Impey was laid up for two days and was unable to do any work ; fortunately there were no very urgent cases, but there might have been. He thinks that there should be two additional medical assistants, one to help in general medical work, and the other to be a pathologist and bacteriologist.

5018

Dr. Todd, the assistant medical officer, admits that the medical staff is undermanned, and that there is not sufficient time to study leprosy clinically, pathologically or bacteriologically, though he fully recognises the importance of such study ; and he also lays stress on the fact that in the case of the illness or temporary absence of one of the medical men, the other has to visit every patient on the island—lepers, insane, convicts, attendants, workmen, the staff and their families. In the absence of the dispenser, too, the dispensing for the whole of the establishment falls upon him. He suggests that two more medical men would be required to perform the medical duties to the satisfaction of the public and the profession. Bacteriological work and careful clinical reports of cases would have a direct bearing on the possibility of safely discharging certain classes of cases.

3871

The clinical records, we are bound to say, are fuller than might justly have been expected, when the volume of work and medical shorthandedness is taken into account (during 1893, 244 lepers were admitted, and 114 died, and 497 was the daily average number resident) ; but the records are, nevertheless, sadly incomplete, if it is remembered that the presence or absence of certain facts as to bodily condition will probably have an important bearing on the continued detention or the liberation of a patient. Only two post-mortems were made out of 122 deaths, the pressure of work preventing

more pathological investigations. For some time a store clerk took the cases of every new arrival, asking a series of 30 questions approved by the medical superintendent, the information gained being used for the compilation of statistics. A clinical assistant, a third year's medical student, has latterly assisted in case-taking. Dr. Eyre, a former Robben Island medical officer, recommends that a competent expert should be appointed, whose sole duty would be to investigate the disease clinically and experimentally, unhampered by administrative duties.

The Rev. Dr. McCarthy says:—"I could never understand how it is that the Government which deemed two medical men sufficient years ago, do not see the necessity of having more now. If two medical men were necessary when there were 60 lepers, surely more are wanted for 600." Again: "It seems to me a great pity when we have in Robben Island one of the few spots in the world where leprosy can be scientifically studied, that there should be only two medical men, who are simply exhausted by routine work, and have no time for scientific research." 7093

The official visitors have recommended an additional medical officer; and the South African Medical Congress at its meeting in Cape Town in the beginning of the year, passed a resolution, after visiting Robben Island, placing on record its opinion that additions to the medical staff are required to enable the medical officers to study the disease clinically. 4903, 4549

The shorthandedness of the medical staff has led to the practice of an undesirable shifting of the medical duties. If the medical superintendent is of opinion, for example, that there are too many complaints from the female lepers, he relieves the assistant medical officer of the charge of the female wards for a time, that he may investigate the causes of complaint himself. Unfortunately this practice is attended by difficulties and drawbacks that more than counterbalance its advantages. On this point, the assistant medical officer gave evidence that to our minds has great weight. Putting aside his own feelings in the matter, this liability to be shifted from one establishment to another is the cause, he states, of considerable discontent among the patients; it causes numerous hitches and complaints, and destroys the very little authority the medical officer has in the wards at any time under the present arrangements. For example, the assistant medical officer in a note addressed to the medical superintendent asks for "definite instructions as to the continuance of alterations which have been made in discipline, &c., during the two months you have had charge of the male leper wards, and which are of such a nature that should I discontinue them (and I disapprove of most of them) I anticipate serious trouble if not disturbance." (See Appendix.) 10914, 3616, 3796

Scientific Observation of Disease.

Until such work is done systematically and continuously it will be impossible to draw conclusions of any scientific value. With a view to remedy this very serious defect a change must be made in some such directions as follows:—

1. The medical staff should be increased permanently to four.
2. One of these must be a bacteriologist and pathologist, who could act as registrar and assist in the general work in times of emergency.
3. The medical officers should have their ordinary duties definitely defined by regulation, as to number of visits daily, hours to be fixed, &c.
4. Those doing duty on leper side should be retained on that side, as frequent changes alter some matters of detail which sometimes increases difficulties of administration, and disturbs the continuity of work.
5. A clinical record sheet should be filled in for each patient on the form proposed by Commission. (See Appendix.)
6. The whole system should have definiteness, precision, and continuity.
7. Careful post-mortems should be conducted in all cases if possible, and recorded; and in every case where this was not done, the reasons should be entered in a book kept for that purpose.

Office of Resident Magistrate and Assistant Lay Superintendent.

The Colonial Office recognised that the duties of the medical superintendent had become too heavy for one man, and with a view to relieve Dr. Impey of some of his administrative duties, an assistant lay superintendent was appointed in November, 1892. The medical superintendent had asked for the appointment of an additional medical officer, representing that such an officer would much more effectually relieve him, but it was decided to give a trial to the system of a chief and medical superintendent assisted by an assistant lay superintendent. 6578

6579 The administrative duties of the assistant lay superintendent were purposely left undefined, the delegation being in the discretion of the chief and medical superintendent. The duties have been to assist generally in lay matters, to exercise a general supervision over the office, to look after the accounts, the restaurant, police, &c., and to hold any enquiries that are necessary. Dr. Impey explained that the work of the institution may be roughly divided into four parts—1, the lunatic asylums, 2, the leper settlements, 3, the administrative department, and 4, the works department—the two first are purely medical, the fourth is in charge of the clerk of works, the third is partly medical and partly lay. In this department come the accounting work of the office, general office work, the bakery, butchery, stores, dairy, gardening, laundry, water distribution, &c. Mr. Jones has nominal charge of all the lay work of the administrative department.

Combined with his general administrative duties, the assistant lay superintendent filled the office of resident magistrate and was in this capacity in charge of the convict station and of the constables who guarded the lepers boundary and the female leper establishment.

10994, 10201, 10234 We are unable to say that this combination of the offices of magistrate and assistant lay superintendent has been a success. In the former capacity the incumbent of the office is independent of the medical superintendent; in the latter he is his subordinate officer and responsible for much of the administrative work, and his dual position leads to clashing of authority, divided responsibility, and dissatisfaction, and is not conducive to good government.

6578 The medical superintendent, while speaking in high terms of the present holder of the office (Mr. Powys Jones) reports, after a trial of the system for eighteen months, that the appointment of an assistant lay superintendent has not been wholly successful and has not met the difficulty. The whole institution is a medical one; everything almost hinges upon professional matters, so that a lay assistant, however good or willing he may be, cannot afford much real assistance. He would like to have another medical assistant in place of the lay assistant.

6372, 8493 One of the duties attached to the combined office is the investigation of complaints made to the Colonial Office by the lepers. That there should be some authority on the Island unconnected with the administration of the institution, to whom complaints, if deserving of investigation, could be referred by the Colonial Office, would clearly be of advantage in view of the insular position of the institution. And an officer of the standing of a resident magistrate, would, from his training, naturally be well fitted for the duty. Unfortunately, however, this officer is in his dual capacity, also assistant lay superintendent and responsible for many matters that would probably become the subject of investigation. One instance of this that was brought very forcibly before us may be mentioned. The lepers complained that bad meat was supplied to them for dinner, and the matter caused much excitement, and led to a disturbance that almost culminated in a riot. The circumstances were reported to the Colonial Office, and the resident magistrate was requested to investigate and report. This, however, did not give satisfaction to a section of the lepers, who pointed out to us that the magistrate, as lay superintendent, was one of the parties implicated, and that it was not right that the investigation should be held by him; they felt that he was, in fact, adjudicating on his own case. And there was no doubt some truth in this view of the matter. It would be better for all parties, and would certainly give less room for reasonable objection if such enquiries could be made by an officer quite detached from any reponsibility whatever as regards the administration of the institution.

10890, 10587 Another instance where the functions of medical superintendent and the conjoint magistrate and lay superintendent seemed to cross each other and work badly was in the case of certain guards who were dismissed for not reporting the presence of a man in the quarters of the matron of the female lepers at 5.30 one morning in March. The matter was hushed up for a time, but on its coming to the ear of the authorities, an enquiry was made by the magistrate who summarily dismissed two of the guards
10891, 10893, 11060 for breach of duty, for not having reported the matter. The enquiry then seemed to halt at this stage, though we are informed that it was taken up by the chief and medical superintendent, as regarded the conduct of the officials under his control; nevertheless, the matter, though urgent, was still *sub judice* six weeks after it had come to the knowledge of the authorities; the result being that the individuals, who, to ordinary people, would seem to have been the principal offenders went for weeks without any apparent reprimand. A badly matched dual enquiry of this sort gives a feeling of injustice on the one hand, and induces a relaxation of discipline on the other.

3217, 3270 Before passing from this subject of the relationship of the resident magistrate and lay superintendent to the chief and medical superintendent, there is one other point to which we would draw attention. In the disturbance known as the meat disturbance,

it is stated that the medical superintendent (who is a Justice of the Peace), gave orders for the summary arrest of a leper, and it is alleged that threats were made that the lepers would be fired on.

We do not think it is sufficiently recognised that in any disturbances or disorders that may arise every endeavour should be made to wait till the magistrate has been summoned before resorting to any extreme measures; and that he alone should give directions for the preservation of law and order to the guards and police under his control. In an institution of this character, with a large population composed of persons many of whom are of a troublesome class, who find themselves confined for life owing to a hopeless bodily disease, and whose condition and circumstances suggest possibilities that cannot be disregarded, we deem it of the utmost importance that magisterial functions and powers exercised over police and convict guards should be entirely dissociated from the powers of the medical superintendent or any of his staff. If such powers are exercised by the latter, ill-feeling will most certainly be generated, which it will be difficult to allay, and which will seriously lessen the influence of the medical and nursing staff in their daily duties. 8393, 6584 11075

Reorganisation of Staff.

That the present organisation of the staff in reference to the two appointments under consideration does not work well in practice may, we think, be regarded as proved. Various suggestions have been made with a view to placing matters on a more satisfactory basis.

It has been suggested that the lay and the professional duties of the establishment should be separated, and be undertaken respectively by a resident magistrate and the medical superintendent. Objections have been raised to such a division, and it is possible that it might be very difficult to make it work well as it might possibly introduce another source of friction, and lead to a good deal of double work, rendering it doubtful whether the good government of the island would be advanced. It is far better to fasten the responsibility of the management of the institution on one man than to have any semblance of dual control. 10805, 10846, 11002, 11004

Another suggestion was that the island should be administered by a civil administrator who should have general charge of all departments, the medical officers being required to devote themselves exclusively to the "purely medical duties." But as Dr. Impey urges with great force the island exists entirely for the patients; and Dr. Eyre says:—"I think it would be impossible to separate the administrative and medical functions of the head of the institution; the administrative head of the island must be a medical man, there are so many details connected with the administration which none but a medical man could judge of fairly; the medical work is interwoven with the whole work of the island in every single department. Dr. Todd says:—"I do not think that the chief of the establishment should be a layman." 10732, 10824, 10994, 3569

A third suggestion was that the civil administrator should be a medical man, as he would be better able to appreciate the medical and sanitary questions that permeate the whole administration. This last is practically equivalent to the fourth suggestion, that there should be one medical director or superintendent of the institution. This plan, which was in vogue until lately, has the disadvantage of not providing for a resident magistrate, whose presence, under the peculiar circumstances of the island, is most valuable. Dr. Impey, however, expressed an opinion that it was not necessary to have a magistrate on the island; there is so little magisterial work to perform, and most of the offences could be dealt with by the medical superintendent under rules for the management of the institution, as breaches of discipline. 10834, 6531, 10994, 10829

After full consideration of the various plans, the scheme which we favour is that there should be one head of the medical institutions responsible for their administration, and having responsible heads of departments under him.

That the medical staff should be strengthened by the appointment of two additional medical officers, one being a pathologist and bacteriologist, which would bring the medical staff into something like numerical proportion to the number of patients under their care, and make it possible to give proper medical attention to the patients, to study the disease carefully and to keep accurate records of the cases and the results of treatment, and exercise general medical supervision in the different branches of the establishment.

That there should be a resident magistrate, but that he should be entirely divested of any responsibility for the administration of the medical institutions; that he should act as civil commissioner, receive and disburse moneys; should have charge of the convict station and the police force, and be the sole authority in cases of disorder and disturbance and breach of the law; that he should have charge of such village work as could be entirely separated from the sphere of asylum management, as for example—the 10206, 11005

post-office work, school and church matters, the village club and recreation room, the boat service and customs department, registration of births and deaths, the cemeteries, store for sales to the staff, the lighthouse, and exercise control over the liquor traffic, &c.; and it is regarded as of special importance that clerical work should, as far as possible, be done under his superintendence.

10740, 8497, 10848, 10745 Further, that he should be appointed one of the official visitors to the asylums. Having no personal responsibility for their management, he would be able at any hour, night or day, to make an official inspection of any part of the institution and report thereon to the Government, and his presence would, in consequence, tend to lessen the evils arising from the remote and isolated position of the establishment, and overcome the difficulty of satisfactorily inspecting the institution. The resident magistrate of the district is an official visitor of the Graham's Town Asylum, and of the Port Alfred Asylum, and is a valued accession to the visiting element.

10218 He would also be available for any local audits of any of the institution books of account, stores-books, &c., required from time to time by the Colonial Office; and it would further be advisable that the office should not be held long by the same individual.

It would also be well to send a short official notice to the newspapers of all cases tried in the magistrate's court. Publicity in such matters is a wholesome safeguard, especially in an island institution such as Robben Island, for garbled reports and rumours do an infinite amount of harm, and it is better that the public should know the true facts.

Suitability of Robben Island.

8132, 5050 The question now presents itself whether Robben Island offers the best available conditions for carrying out the objects of segregation. In treating this part of the subject the evidence of lepers who are detained there must be cautiously approached. The one general cry of these unfortunates is that they wish to go home to their relatives and friends, hence it cannot be expected that they will consider any place of forcible detention a suitable one. 4958 According to one witness, lepers are only too ready to come up and make complaints, and this is not a thing to be wondered at when we take into account their unfortunate condition.

One of the supposed advantages which Robben Island possesses is its insular position. Surrounded on every side by a considerable expanse of water, the chances of escape from the island are reduced to a minimum, if a little care and foresight are exercised. An institution for purposes of segregation similar to that on Robben Island, but located on the mainland, would undoubtedly involve greater cost in guarding the inmates so as to prevent escapes; but this item in cost would, we think, be amply counterbalanced by the saving of expenditure in boat service. Beyond this it is not possible to see any special advantages in the site chosen, as compared with many spots on the mainland, and, if we take into account the manner in which segregation is at present carried out on the island, the advantages which the place possesses in its insularity are to a great extent nullified by the manner in which segregation is conducted. This state of matters, it may be argued, would obtain anywhere, unless rules so stringent were made and enforced that the misery of the unfortunates who suffer from leprosy would become increased to such an extent as to become wholly unbearable.

The insularity of Robben Island, which at first sight appears to be a powerful argument in favour of its selection as a suitable spot for the segregation of lepers, has certain disadvantages which upon careful examination very greatly counterbalance its advantages. The expense of keeping up communication with the island is great, amounting in round figures to about £2,500 per annum, *i.e.*, the interest at five per cent. on a capital of £50,000.

Hospitals Report for 1893, p. 85. This expenditure must of necessity become greater if the population of the island be increased, and a more frequent communication with the mainland becomes a want. 4971 Sometimes there is delay in the transmission of goods. It has happened that part of a cargo which was sent over could not be landed through want of time, and had to be brought back to Cape Town, involving extra expense and loss of time. In rough weather the difficulty of landing passengers and goods is greatly increased. In 1892 the cargo could generally be landed at about four p.m., now the cargo is often not landed till 5·30 p.m.

2253, 5037, 5050 Passengers to and from the island often suffer greatly from sea-sickness, and, in many instances, are deterred from visiting relatives or friends by fear of the discomfort caused. One witness states that he "has known them to be unable to land goods, but not passengers, but has heard of passengers being afraid to go across."

3127 To more than one patient this is a great hardship. One of them states: "The only grievance I have got is that there is no chance for my friends to see me. I have not seen my father since I have been here, (a period of eighteen months), as he cannot travel over sea; he dreads the sea voyage."

"The sea voyage debars many persons from visiting their leper friends." "I have known cases where the friends of patients have come from the interior, but, as soon as they came to the sea, they would not cross over, and went back perhaps 600 or 800 miles: many of them dread the sea, and would not go over to the island for any money." 4301, 8175

This fear of the sea voyage, if universal, might be adduced as being advantageous to segregation, but as it affects only a certain class of people, it is a hardship to some unfortunates on the island not to be able to see their friends, a hardship, which they feel all the more keenly, because others enjoy a privilege from which they are debarred. Further, it must be evident that if healthy people suffer great inconvenience in the transit, weak patients may have their lives endangered by the voyage. And though indiscriminate, unsupervised visiting is fatal to segregation, it is an unnecessary hardship in a disease like leprosy to throw obstacles in the way of the visits of friends, properly supervised. With a certain class the objections to Robben Island and the sea voyage are so pronounced, and meet with such sympathy, that it will be very difficult to carry out segregation, if Robben Island remains the sole establishment.

To administrative and general supervision the insular position of Robben Island offers obstacles which stand in the way of conducting the government of the island, and the treatment of the afflicted, upon a thoroughly sound basis. To a considerable extent removed from the public view, it is in the same proportion removed from public criticism. This, coupled with the fact that there is on the island a community cooped up within narrow limits, without sufficient amusements and recreation during spare time, and wanting in sufficient scope for its activity, exercises, it would seem, a prejudicial effect upon the general tone of the official staff. The result is friction between cliques and sections on the island; and little disagreements arise which apparently cause a good deal of soreness among officials. An unpleasant feeling is engendered, which becomes intensified for want of an outlet. To some extent, the moral tone of the whole establishment suffers in consequence, and a good deal of bitter feeling exists. "I certainly think," says one of the witnesses, "that the island is not a suitable place, from a social point of view, for such an institution." 4920, 4809, 7555, 4803, 4923, 5041

As regards general aspect, Robben Island is a sandy waste, "almost entirely without trees," possessed of a scanty vegetation of shrubs and stunted brushwood, without scenery, "desolate" looking, in want of pleasant surroundings, and exposed to strong, nipping winds, which prevent trees from growing to any height so as to relieve the monotony of the place. 197, 3025, 5473, 4453, 4792

Considered from a climatic point of view, the evidence which we have as to the fitness of Robben Island is conflicting, but, after a careful consideration of all the information obtained, it does not appear that the island has anything specially in its favour, as compared with many parts of the mainland. In the absence of systematic and reliable meteorological investigations, which, it may be remarked, is a great want, there are only the ordinary observations of everyday life to go by, and, if these are trustworthy, the climate of Robben Island is not so good as that of the Cape Peninsula generally.

According to some, the climate "is very good indeed," and "very pleasant" and "dry." One witness considers the climate to be "a splendid climate, the finest place in South Africa for health." The place is "a little paradise; it only wants a good wharf," and one witness would "go and live there to-morrow if he were strong enough." On the other side, the alternations of temperature appear to be rapid. "It is hot and dry in the middle of the day, and cool in the evenings;" it is "very cold in winter and very hot in summer;" it is "too bleak," and "the wind blows sometimes from all quarters." 2248, 1819, 2610, 2620, 3590, 4792

In winter "it is very wet and desolate," and in summer the patients complain of the great "glare off the sea and the white sand;" it is "a horrible place; the climate is bad in every way; it is a very windy place, and there is a great deal of glare from the sand."

"The south-east wind is very trying to patients on the island on account of the exposed position of the place," and the north, or north-west wind, "is damp, affects the island prejudicially, and is sometimes violent." Once in two months, at least, a heavy mist hangs about the island. "I should say that the temperature was lower than in Cape Town." The balance of the evidence obtained so far is not in favour of Robben Island. It will not be denied that the depressing effects arising from sudden atmospheric changes, from dampness in winter, favouring attacks of rheumatism, and from enervating heat in summer, must affect constitutions weakened by a chronic, hitherto incurable disease, prejudicially; and it would seem, from evidence obtained, that the unfavourable results are more noticeable in the case of patients from up-country districts, who are accustomed to a dry, bracing atmosphere, until they were removed to Robben Island. Not much weight can be attached to an opinion as to the fitness of 3594, 7459, 7497

197, 3539

Robben Island as a leper hospital, based upon the death-rate during the last few years. But it may be pointed out that the death-rate calculated on the average number resident during the years 1888-1893 has been 15, 27, 20, 18, 16, and 23 per cent. respectively, which is a high death-rate, compared with some other leper hospitals.

4425 Patients in the leper asylum complain that the cold and moisture affect them injuriously, and cause chest troubles, while the "glare of sea and the sand," and the fine white sand which is blown about by the wind, irritate their eyes and cause chronic congestion of the conjunctiva or aggravate already existing congestion. "The glare is very great, and the sand is injurious to the eyes." The absence of the shelter which trees and other vegetation afford, and of the grateful effect upon the eyes caused by green foliage aggravate the discomfort.

One of the gravest defects of Robben Island as the site of a large hospital is the absence of an abundant supply of pure water. A hospital should be supplied with at least 20 to 25 gallons per head per day. The Robben Island supply has not been measured but it certainly falls far below this quantity.

ospitals Report for 1893, p. 88.
1823, 4590, 5173, 7322, 5358, 6004

The water supply of Robben Island chiefly got from wells has been considerably increased of late, but is still insufficient in quantity, if among other things it is to be used for irrigation; and it is inferior in quality, being brackish and containing much organic matter. "Robben Island is a natural reservoir, and there is a large number of small reservoirs, in which the rainfall is collected. These are tapped by means of wells. The soil is very sandy, and the water percolates into these wells. If you examine the water you will find a lot of organic matter in it. In how far this 'lot of organic matter' may have been and still is the cause of typhoid fever* "which has been endemic on the island for a long time, and of which there are attacks annually," it is difficult to say, but it is highly probable that there is an intimate connection between the badness of the water and the endemic character of the disease.

2323 The water has been analysed and reported to be unfit for use. This applies to the well water. In order to provide drinking water, large underground tanks have been made, and it is expected, somewhat sanguinely we think, that "next season, when all these tanks are finished, a sufficiency of water will be caught to give the settlement an abundant supply for the next dry season."

Hospitals Report 1893, p. 89.

7115, 6536, 2266, 2287

In connection with the water supply as drawn from wells an important consideration is the burying of lepers and other chronic sick who die on the island. From the very nature of the diseases which are treated on Robben Island the death rate is necessarily high, and the space available for cemeteries is limited, therefore it may in course of time be a difficult matter to bury the dead in a suitable place. "The most serious thing is the difficulty of burying lepers, the graves seem very shallow, and you soon get down to the rock," on the east side the island has been used as a vast cemetery. "Graves have been dug all over the place," "if you visited the island you would find thousands of graves." If the soil is sandy with a rocky bottom it is highly probable that the water which percolates into wells has to some extent percolated through the cemeteries. If due weight be attached to the foregoing statements it would seem to be unwise further to increase the population of the island.

Hospitals Report 1893, p. 86.

The barrenness and bleakness of Robben Island might to a great extent be remedied by systematic attempts at tree planting. Such attempts do not appear to have been made in past years, but the present surgeon superintendent has apparently taken the matter in hand vigorously. "This year," he says, "I have had a large number of trees planted in and about the village, and they are thriving well, I have also, as an experiment, put in 1,000 vine cuttings, which are doing well." It is to be deplored that more was not done in previous years in this direction, since Robben Island would be improved in general aspect if covered with an abundant vegetation.

7118, 6526 The testimony upon this question of tree-planting is conflicting, and, in the absence of sustained efforts to improve the vegetation of the place, unsatisfactory. There are indications, however, which point to the fact that the difficulties which will have to be overcome are very great.

3662 First, there is an insufficient water supply. The water supply for sanitary purposes is insufficient, from which we may safely infer that there can be no water to spare

7500 for purposes of irrigation. "There are great difficulties in the way of tree planting; first, because of the want of water, and secondly, on account of the rabbits, there is very little water for irrigation." The water supply is "always deficient and a source of trouble."

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*During 1893, there was an epidemic of typhoid fever; 22 cases occurred, two were European adults, 12 ldren, and eight convicts; two of the latter died.

Then the character of the soil must be taken into consideration. It is sandy with a rocky bottom, and it has yet to be proved whether the soil is deep enough, and fit for the growth of trees. "There is so little depth of soil" that tree planting up to the present, has "not been a success." "The soil is very sandy," and "the wind interferes a good deal with the growth of trees." 3580, 3676

Shrubs and wattles appear to thrive best if planted under favourable conditions. 1803
For one or two years, at least, young trees have to be sheltered and protected from strong, nipping winds, which stunt them in their growth. It is moreover affirmed that 4952
the presence of a large number of rabbits on the island is a fatal objection to gardening and tree planting.

The surgeon superintendent of Robben Island states that he planted 20,000 trees, 1806
and in his report for the year 1893, he writes: "Most of the trees planted last year have been destroyed by rabbits, and, until this pest is done away with, it will be useless to plant trees to any great extent." "The plantation near the Wreck House has not, so far as the trees are concerned, been a success, as not one of the large number of trees planted is now growing. The failure is due to three causes; the trees being planted too late in the season; the impossibility of having them watered; and then the few trees which grew were destroyed by rabbits." Hospitals Report 1893, p. 86.

In connection with this matter it may be remarked that the sole right to shoot rabbits on Robben Island has been leased for a number of years to Mr. Ohlsson, of Cape Town, and it is no doubt a hardship to patients and other residents on the island that, in addition to having the vegetation in the place destroyed by these animals, they should be debarred from the right of having an occasional day's sport.

In some measure also the lepers themselves seem to be responsible for the destruction of an already scanty vegetation. "The great foe to anything like bush plantation is the fact that the lepers pull up every bit of stick and shrub they can get hold of. Their chief pastime is fishing, and they cook the fish in the open air, for which purpose 4615
they pull up the bushes so as to make a fire."

Owing chiefly to an insufficient water supply, and to the presence of a large number of rabbits on the island, but partly also, perhaps to climatic conditions, the nature of the soil, and to the apathy and unwillingness of the patients themselves, who say that, "the Government put them on the island, and they will not stir their hand to do anything 4411
for themselves;" little has as yet been done to gardening on Robben Island. Many of the patients come from parts of the country where vegetation is abundant and luxuriant, and water plentiful for purposes of irrigation. Naturally, these people were employed in gardening, and in agricultural pursuits generally. To such of them as are still able and willing to work, it is undoubtedly a great hardship to have nothing to do. The majority of them cannot read, and are unable to enjoy the pleasures to be derived from literature; time hangs heavily on their hands, and the want of employment breeds discontent or apathy. For various reasons, outdoor sports do not appear to be very popular among the patients. Their chief pastime is fishing, and it is doubtful whether this is the healthiest exercise for them. At the best there are many who 3025
cannot indulge in this pastime. If such people were segregated in a spot where a good rich soil, good climatic conditions, and an ample water supply, offer inducements to employ their leisure in gardening, and other agricultural pursuits, they would be benefited physically as well as mentally. In addition to this there would be the great advantages derived from a plentiful supply of fresh fruit and fresh vegetables, and the having which such supplies bring about in a large establishment. The necessity cannot be too strongly urged that employment of some sort must be provided for these unfortunates if their condition is to be made endurable. To a considerable extent the leper asylum on Robben Island ought to be worked on the lines of an industrial institution.

From evidence obtained it seems clear that the poorer and more destitute class of patients improve for a time in health and in general tone soon after their arrival on the island. To some extent change of air, but to a greater degree improved hygienic conditions, better housing, better clothing, and better food than that to which they were accustomed, are the great factors which bring about this evident improvement. The better class of patients, both white and coloured, who were accustomed to home comforts and home sympathy do not show this improvement as a rule. Changed conditions, want of home comforts and the sympathy of relatives and friends, and the gnawing mental worry, which an incessant longing for home and a constant pondering over their hopeless, outcast condition, brings to pass, accentuated by the want of healthy bracing employment for body and mind, are responsible for this absence of improvement, temporary though it be.

Discipline.

One of the troubles of management is the difficulty of securing and retaining the services of good men as attendants. This difficulty would be felt in any asylum for lepers, but it is accentuated by the insular position of the Robben Island establishment. A return furnished to us of the changes in the male leper staff shows that 17 attendants have left, 13 having resigned, and 4 being dismissed, the latter, for drunkenness. The changes in the staff of cooks have been even more numerous; 10 have left—5 having resigned, and 5 having been dismissed; one being for drunkenness.

See Appendix—46—47

No institution can be satisfactorily managed without a good staff of attendants and nurses; and in such depressing work as the nursing of lepers on a spot so isolated as Robben Island, it is of importance to take care that the staff when off duty are made at least fairly comfortable. We are satisfied that the male attendants have good ground for complaint in several repects. They have to take their meals in the leper kitchen; their food is partly prepared by lepers, and their dishes are cleaned by lepers; and when off duty they have no common room in which to sit and rest.

7532 Several witnesses speak on this point. The leper attendants "have fairly good bedrooms, but no sitting room of any kind. I know that they feel it. If they have 7534 given way to drink occasionally, there is great excuse for them, for they have no comfort at all in the mess room. It would improve their condition very much if they had such a room, and the wards too; for the attendants would do their work with a better heart, although I cannot say they neglect it now."

A comfortable mess room and sitting room should be provided for the male attendants and their food should not be cooked in the lepers' kitchen or be in any way handled by the patients.

The Drink Question.

5438, 5761, 8798, 10122, 9444, 8795, 8619, 7601, 7470, 8790, 8799, 10990 — (See Index — "Drunkenness.")

It is impossible to avoid the conclusion that the drink question is one of the chief difficulties on the island. Conflicting evidence was given on this point, and it will be sufficient here to indicate by marginal references some of the answers that bear on the point.

With regard to the sale of intoxicating drinks on Robben Island, the Commission are of opinion that the strictest supervision is necessary, and that the liquor traffic ought to be controlled in the strictest manner. The Commission regret that there should exist any necessity for allowing a traffic in spirituous drinks on Robben Island, but are at the same time aware of the difficulties which would attend a complete abolition of that traffic. They feel strongly that the temptation to over indulgence in intoxicants should be strenuously guarded against, and that all offences against sobriety, more especially amongst the officials ought to be unsparingly punished. The general tone of an institution like that on Robben Island must of necessity suffer greatly, and the moral influence of the staff be seriously impaired if any member or members of that staff, especially the more responsible class, set a bad example.

After making every allowance, and with every desire to be studiously fair, and without for a moment bringing an indictment against the island population as a whole, we regret to say that we have been forced to the conclusion that there has been undue indulgence in alcoholic liquors by various members of the staff, that has lessened their influence, and acted banefully on the discipline and the administration of the institution. With the personal aspect of this question, it is not within our province to deal. It will be for that Department of the Government specially charged with the administration of the Robben Island institution, to make such enquiries as are necessary to arrive at the falsehood or truth of the allegations made, and take action accordingly. It would be manifestly unfair on *exparte* statements that have not been put to final proof, to publish names; accordingly the example of the Robben Island Commission of 1862 has been followed, and blanks substituted for the names of the individuals against whom charges of occasional intemperance have been brought; the names being furnished to the Colonial Secretary only. It is further to be noted, lest a wrong and unjust impression may arise, that most of the references are to a comparatively small number of officials.

See Appendix, 58

Your Commission deem it necessary to set forth more fully why the above method of procedure was taken. It was felt that the evidence which was given to them might possibly be of a prejudiced nature, and that if the Commission attempted to adjudicate on such evidence, or publish the names of the individuals without a more searching enquiry, a serious act of injustice might be done to certain individuals. On the other hand, if the evidence was suppressed *in toto*, or taken out piecemeal and handed to the Government to be dealt with departmentally without placing all the evidence before Parliament, your Commissioners felt that they would fail in their duty, and that an exaggerated and unjust impression would be created.

This method of dealing with a somewhat difficult matter has seemed on the whole the fairest and most just, as the Commission do not feel that they could in individual cases exercise judicial functions, but they desire to leave such investigations to the Government. This method also allows the fullest information to be placed before Parliament, without injustice to the parties concerned, and also enables the Commission to discharge their duties faithfully.

It may be one of the misfortunes of the insular position of the institution that so long as an individual is resident on the island, acts are noticed and canvassed that would pass unnoticed in an ordinary community; but this is a necessity of the position, and the good government of the island institution makes it imperative that the officials should be beyond reproach in this matter.

It is essential that strict discipline and a high standard should be maintained in a public institution such as Robben Island, and that nothing that interferes with the influence and usefulness of the officials or that prejudices the establishment and tends to diminish public confidence in its administration should be tolerated.

It is exceedingly difficult to recommend any specific plan for dealing with the question of intemperance. Whatever plan is proposed, a great deal will depend on the way in which it is carried out. We must, however, express our very decided opinion that too much lenience has been shown in the past to those who have exhibited this failing, and the result has been a lowering of tone on the island, a lessening of influence with the patients, in some instances a public scandal and a feeling of distrust of the management.

Visitors.

The visitors to Robben Island from the mainland may be classed under two distinct headings (*a*) official visitors, (*b*) general visitors. 4660 to 4989

The official visitors, apart from those sent from the Colonial Office to hold special enquiries, have from time to time been authorised and appointed by Government to visit and inspect the island at any time they may select, and report to Government. An official list will be found in the appendix, together with some of the reports. It does not appear that they have had any special written instructions given them, defining their duty, nor does it appear that their reports have ever been published. 5100, 7038, 7119, 7242, 7574, 7735, 8650

The isolated situation of Robben Island renders official inspection difficult, but it is an absolute necessity that the institution should be inspected at shorter intervals. At present the official visitors are supposed to go over once in three months only. The official visitors should also have greater facilities for making surprise visits There should be special inspectors for the leper asylums, as the limited time between the arrival and departure of the boat does not allow an inspection of both lunatic and leper asylums. The same end might be compassed if the six visitors divided their work. Their reports should be printed and effect given to their recommendations as soon as possible. They complain that they seldom see any results from their reports in less than nine or twelve months. A reference to these reports (See Appendix), will show that many important matters have been reported on, in dealing with which there ought to have been as little delay as possible. 4555 4550

Under the heading "General Visitors" may be classified all those who visit the island either for purposes of seeing their sick relatives, friends, or visitors to the officials, or those who come for sport, rabbit-shooting, &c. 6287

That class who come to visit their leper relatives and friends are admitted by a pass, issued by the chief and medical superintendent of the island. About 30 passes are issued between the male and female leper wards, the total number of passengers in boat accommodation being 50, nevertheless a greater number occasionally come, showing that sometimes the dates of passes are altered, and the passes probably transferred. This is a point worth noticing at the outset, as showing a defect in administration. Such a defect might be easily remedied, either by careful scrutiny of tickets before passengers are allowed on board the boat at Cape Town, or by issuing passes of different colours, available only on certain days. A stock of various colours could be kept, and thus at a small cost this difficulty could be surmounted.

At present, on landing, visitors receiving a permit at the office to visit the leper wards are permitted to roam over any part of the island at their own discretion. The male patients may see their friends either at their pavilions or in any part of the island, save in the village. Visitors to the females see them in the compound or in their sleeping wards or living rooms. There are no rules posted up for the guidance of visitors. They sit in the wards, kiss each other, and share the food, eating off the same dishes, and using the same spoons. They have been known to smuggle over liquor and dagga, and bring various kinds of eatables to their friends, and in return receive from the lepers little presents of fish, clothing, and so on. Some of the 6252, 6796, 7515, 7517, 7518 6299, 6212

7752, 5428, 6204, 7226, 9403 lepers receive large boxes of fruit which they sell again, and thus do a snug little trade, making as much as £4 or £5 on boat days. The visitors are sometimes permitted to stay over till the next boat day. Among these visitors are persons of various ages, including young children. Prostitutes have also been discovered. On one occasion when the Commission went over, there were on board the boat seven native leper patients and about fifty ordinary passengers.

The foregoing is but a brief notice of the conditions under which visiting of friends of the patients is apparently carried on at Robben Island, but further details will be found in the evidence, and it certainly points to a very serious defect in administration as regards this point.

9531, 9532 Visits are also interchanged between the male and female lepers, by special permit from the medical officers, but on one of the days that the Commission visited the island they found a young man strolling about the women's wards, no attendant being in sight, and this would lead us to suppose that the condition of permits is not very strictly adhered to, and the evidence would show a very lax discipline to be maintained in this matter also.

Vide Minutes of Proceedings. 8821, 8843

7519 As the matter stands thus far, it is clearly shown that whilst there is a semblance of supervision and system it is practically very badly administered. Thus the visitors comprise men women and children; they are allowed to roam through the wards for many hours and over the greater part of the island without any supervision, and the 9397 male lepers can stroll about any part of the island with the women. They appear to be able to make use of permits obtained for their friends which enables them to get 9403 liquor from the canteen, and there is evidence to show that prostitutes have been observed drinking champagne, &c., at the canteen. It is only fair to the authorities on the island to state that this matter has caused them some anxiety and that efforts have been made to prevent the visits of doubtful characters. The investigation of the conditions under which visiting is carried on on Robben Island casts a clear light on the complete want of anything approaching proper administrative method, and reduces segregation to an utter farce; indeed it may be regarded as a masterful example of "how not to do it." The whole system urgently demands revision. Many of the difficulties might be got over by adopting some set of regulations, such as are found in the recommendations of the Commission. A set of regulations on these lines would, if carried out faithfully, systematize the whole arrangements connected with the visiting of the island. Its effects would be twofold, as it would enable a register to be kept of all visitors, it would produce a moral effect which would act and re-act on both the staff and visitors, and it would enable the public to express their wants and thus take a direct interest in the welfare of the island as a whole; complaints would more rapidly come to the surface and be more promptly investigated, and it would have an educational effect also, as the sanitary precautions taken would gradually impress the people with the importance attached by the authorities to cleanliness, disinfection, and segregation.

Working of the Act.

According to the regulations which have been drawn up under the *Leprosy Repression Act*, 1884, it is required that cases of leprosy shall be reported by the field-cornet or a police constable to the resident magistrate of his district.

It has, however, occurred that the field-cornet has either refused or omitted to do 8319 so, and in that case the requisite machinery was not set in motion to secure the object of this Act.

Obviously this should be remedied, and greater power given to the magistrate to order an enquiry as to the occurrence of any suspected case of leprosy when sufficient grounds exist; and, in the first instance, it would no doubt meet the case if the magistrate had authority to require a sworn statement from the suspected leper or his relatives that the person was not a leper; but where reasonable grounds for a contrary opinion existed, authority should be vested in the magistrate to make a careful enquiry, and to authorise the district surgeon, or a medical practitioner, to examine and report upon the health of the suspected person.

Moreover, it is necessary that any person suffering from leprosy shall be certified to the Governor by a district surgeon, or by any other duly qualified medical practitioner, *and by a field-cornet or justice of the peace.*

The object of obtaining a certificate from the field-cornet or justice of the peace is somewhat difficult to comprehend; it cannot be contended that either have sufficient knowledge of leprosy to be able to give an opinion of any value, while in practice this has not only been found unnecessarily cumbrous, but it has prevented cases from being dealt with.

And it can be easily understood that a field-cornet who is connected by business 210
or other ties with a leper will not be in a sufficiently independent position to be able to give the required certificate without running the risk of incurring a considerable amount of displeasure from the relatives and the friends of the leper. This clause should, therefore, be amended in such a manner as to do away with the certificate from the field-cornet or justice of the peace.

A further sentence in the Act reads that the certificate shall say "that any person is suffering from the disease known as leprosy and that the fact of such person being at large is likely to spread such disease." This leaves it in the power of the medical man to word his certificate in such a way as to state that the person 112
is not likely to spread the disease, which will keep the leper outside the operation of the Act.

This is not a wise provision, because a medical man may have a strong opinion as 134
to the non-contagiousness of leprosy and quite conscientiously and rightly from his standpoint, give such a certificate as may open the door for a clearly leprous person to walk out free.

In this respect an alteration will be needed. A leper should be certified as a leper 240
and no opinion should be required as to the danger or not to the public health; the certificate should be drawn up so as to state clearly and succinctly the symptons of the leper, and the reasons upon which an opinion has been based. This should be placed before a Board who should have authority to deal with all such matters, and who should have full powers to make final recommendations.

Steps should be taken to make the notification of leprosy compulsory on the householder and on the leper, and a penalty should be enforced in the event of failure to notify; while all public officers, such as district surgeons, magistrates, police constables, field-cornets, &c., should be required to notify the existence of any cases of leprosy coming to their knowledge in their several districts.

It was further made clear from the evidence that there was a very serious omission 240
in the Act in respect of not requiring the detention of a leper after he had been certified as such by the district surgeon and field-cornet, and before the Governor's warrant was issued for his removal. On this account a considerable number of lepers escaped and were not discovered again, last year as many as 32 out of a total of 607. It should be easy to remedy this.

The procedure required under the Leprosy Repression Act of 1884 to segregate 20
lepers is stated by the Under Colonial Secretary not to afford a sufficient safeguard to the individual, as the removal of the leper is allowed upon a medical certificate and a certificate of a justice of the peace or a field-cornet. Under these circumstances it has occurred that persons have been confined for long periods who were not lepers at all. The medical practitioner who examines the leper gives a medical certificate stating his opinion that the person examined is a leper and that the fact of his being at large is likely to spread the disease; in some cases the medical examiner has stated that the individual was a leper, but not likely to spread the disease. In such cases no further steps were taken.

These certificates are sent to the Colonial Office by the magistrate, accompanied 22
by a statement whether the individual is willing to be removed—if unwilling, upon what grounds. If there is any doubt as to his being a leper a second medical opinion is obtained; if all doubt has been solved, the Governor's warrant is issued and the leper is thereupon removed to the Old Somerset Hospital to be examined by the surgeon in charge, who is instructed to see that no non-leper is sent to Robben Island.

On arrival at the island, the leper is seen as soon as possible by the medical officers 70
and placed under observation for one month, though Dr. Impey tells us doubtful cases are kept until three months have elapsed in some instances.

Lepers are brought to Cape Town in separate railway carriages which have been specially fitted up for this purpose, and the difficulties of administration are increased 73
by the fact that the steamship companies refuse to take lepers as passengers, while in the case of natives it is found difficult to remove them from their surroundings, so that the lepers from the large native locations near King William's Town and other 553
parts are being removed to Robben Island.

On arrival in Cape Town, the leper is taken to the Old Somerset Hospital to be examined by the surgeon in charge, or if the patient arrives in time to catch the island 555, 554, 558
boat the examination is made befores he goes on to the island.

In this way a check has been attempted on the admissions to the island of non-lepers. Previously cases were sometimes sent on without this examination, but at present all cases must be examined and the doubtful ones detained, and are subject to

557 examination by both the consulting and visiting surgeon at the Old Somerset Hospital. Notwithstanding this, doubtful cases have been sent on for an opinion from the medical staff on the island, and while it is not necessary to give a written certificate that cases have been examined by the Old Somerset Hospital staff and passed as lepers. As a check upon the admissions to Robben Island, this acts very imperfectly.

It would seem that greater care must be exercised in dealing with cases of leprosy sent down to Cape Town for admission to Robben Island,

It is quite clear that sufficient time to examine and carefully observe a case should be allowed before an opinion can be expected. It is not to be thought that a sufficiently careful and thorough examination is possible when a party of lepers is being sent direct from the railway to the docks to meet the Robben Island boat.

Ample opportunity and sufficient time should be allowed to make the examination here thorough and complete, while the result of such examination and opinion should be clearly stated in writing, giving in detail all symptoms which have been relied upon in arriving at an opinion. There can hardly be too many safeguards or too many difficulties in the way of finally placing a person under the ban of the Leprosy Repression Act. Vigilance must be exercised, care and caution must be redoubled, and repeated inspection and control must make it quite certain that only those for whom this Act was designed are placed under its provisions.

906 When lepers are admitted to the Old Somerset Hospital they are accompanied by the Governor's warrant, a medical certificate, and a certificate of a justice of the peace or field-cornet. It would appear, however, that detention by this warrant at the Old Somerset Hospital is illegal, as it is addressed to the surgeon-superintendent at Robben Island.

Some regulation should be introduced to make this detention at the Old Somerset Hospital legal.

917, 918, 919, 926 At the Old Somerset Hospital we learn that "doubtful cases" are not absolutely isolated from the rest of the lepers; further, they are required to travel in the leper coach to meet the island boat on being transmitted to Robben Island.

This should be remedied at once, and we are decidedly of opinion that cases thought to be doubtful should be kept rigorously apart from contact with the obviously diseased persons and should on no account be exposed to the risk, such as there is, of contact with lepers.

928 Notwithstanding the instructions issued that non-lepers should not be sent to Robben Island we learn that recently two cases were sent down from Vryburg with a party of lepers and examined at the station by the surgeon of the Old Somerset Hospital, who queried the cases, as doubtful, but sent them on to the island with the rest for the purpose of diagnosis; they were returned as non-leprous. Such a proceeding should not be allowed. If there is any ground for thinking a person declared a leper to be "clean," every precaution should be at once taken to keep him apart from the leprous and to set him at liberty as soon as the doubt has been confirmed without
70 the further risk and discomfort of having to travel to Robben Island.

It would appear from the evidence that the public is alive to the danger of contact with lepers, and are not willing to give carts for their removal, while before the Act
71 came into force the lepers were forced to remove from one district to another, as they were not even allowed to live in huts on the commonage, so that the Government had to intervene to prevent their starving. In this way additional hardship is caused the unfortunate lepers. Every care should be taken, therefore, to render their journey to the island as comfortable as possible, and to prevent the possibility of healthy persons being exposed to the unjust suspicion of suffering from leprosy.

Many of the lepers brought down have to travel long distances, and are several days on the journey; many are feeble and suffering from their disease. We are told
52 that since the taking effect of the Act, 483 lepers have been dealt with by warrant, and that "in the interval between the issue of the warrant and the necessary formalities" no fewer than 18 lepers died. It would be a wise and humane provision, therefore, to require a medical certificate in each case before removing a leper as to his or her fitness to travel. Nor should any leper be required to undertake the long journey or be removed in such a way from home and friends as to imperil his life.

We have no evidence to show that any leper has actually died in transit to Cape Town, but we are of opinion that this should be safeguarded in every way possible.

4252, 4253, 4254 The diagnosis of leprosy, especially in the early stages, is often very difficult and
131 it is not to be wondered at that a certain proportion of mistakes has been made in certifying that persons were lepers who were not suffering from that disease at all. In
4090 this way, a patient was sent to Robben Island as a leper who had only bed sores,
4291 another with lupus. A case of a burn of the head was sent from the Old Somerset
4293 Hospital and detained for three months as a leper before discharge, and a female with

a contusion (a black eye) was sent through the Old Somerset Hospital and detained on Robben Island for one month before discharge: other mistakes have been caused by taking a granulating wound of elbow, syphilis, eczema and other skin diseases, nerve lesions, psoriasis, &c., for leprosy. While a certain proportion of mistakes will occur, greater vigilance will be necessary to prevent error in diagnosis, but under any circumstances, from the very nature of the disease, a considerable proportion of the early cases will lead to a good deal of doubt before being finally declared lepers; these we must call doubtful cases. 4306, 4308 4323, 4255, 3472-3, 520, 521 3471

Leprosy, except in the more characteristic and well marked forms, is a disease exceedingly difficult to recognise; in some cases in the earlier stages, the disease becomes dormant, the eruption disappears for even a year and the disease is for the time not clearly, if at all, recognisable. 3470, 4252, 1537, 3474, 3475, 3476, 3477

Under these circumstances mistakes have been made and doubtful cases have occured where medical men have differed in their opinions as to a person being a leper or not; while a person having been declared a leper by a district surgeon and admitted to Robben Island has been pronounced "clean" by the island medical staff, and on the other hand a medical board have declared him to be a leper. 32 4279

Moreover, on the island itself the opinions sometimes clash; the surgeon-superintendent states a person to be "clean," while the assistant surgeon regards him as a leper. And it is in evidence notwithstanding obtaining a second, even a third, or fourth, fifth, or sixth certificate before sending a patient to Robben Island, persons have been subjected to long periods of confinement who were not lepers at all, though upon a certificate from the surgeon superintendent of the island and the assistant surgeon to the effect that the person is not a leper, his removal is instantly authorized by the Governor in Council. 20 29 28

If there is doubt as to the diagnosis we are told the benefit of the doubt is given to the patient. 37

This conflict of opinion has led to several cases been kept for a lengthened period on the island when the surgeon superintendent certified that certain persons were suffering from leprosy and later on that they were healthy.

Moreover, one case was examined by several medical men, and some stated "that while the person was a leper, the fact of his being at large would not be likely to spread the disease," others that he was not a leper. To minimise the risk of admitting non-lepers, the surgeon in charge of the Old Somerset Hospital is required to see all lepers in transit to Robben Island, and if he has any doubt as to the diagnosis being correct, a report is sent to the Colonial Office, but only the doubtful cases are reported. Sometimes it would appear the symptoms are masked by the presence of syphilis and cases have been detained to watch the effect of anti-syphilitic treatment. 112 22 495, 500, 516 508, 947

It is stated that cases of error in diagnosis have become more frequent of late and that the cases sent down have not been so well marked as before. 519, 522

More vigilance in guarding the admission of non-leprous persons was therefore indicated.

The Old Somerset Hospital has consequently been used as an observation station where doubtful cases are observed. Here the patient is under supervision of the surgeon, and when desired by the Colonial Office is examined by an additional examiner. The necessity for such a step is clear. Thus it has been stated by the surgeon superintendent of Robben Island that a number of non-leprous cases were sent over, and owing to the number of doubtful cases sent to the island, it was decided that all cases should pass through the Old Somerset Hospital, which is the present practice, and on arrival at the island, the surgeon superintendent examines the cases at once, and the doubtful ones, or the non-leprous are returned at once; but as we have shown elsewhere, cases have been sent over to Robben Island simply for a diagnosis and returned the same day. Several cases were sent over as doubtful and returned, and it is a fact that doubtful cases are still admitted to the island. Thus two cases, considered doubtful, on arrival have been placed in the female wards, even though the assistant surgeon says, he does "not think they are cases of leprosy." They were a month or six weeks ago* admitted, and were then still in the female wards. 524 525, 526, 528 2342 2338 4324, 4323, 4316 4264 4266

That mistakes will occur in the certification of lepers must be conceded. Under any system error will creep in, but effort must be made to minimise the source of error as much as possible. Great as the hardship is to an unfortunate person to be brought from his home in Bechuanaland or on the confines of the Colony to Cape Town, and then to be discovered to be "clean," far greater is the hardship to be brought down with a party of lepers and confined at the Old Somerset Hospital or on Robben Island as a leper.

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* February 22, 1894.

4306, 4309 While making all allowance for individual errors, every nerve must be strained to prevent the occurrence of such cases as the confinement of a person suffering from a contusion of the eye for so long a period as one month on the island.

505, 122, 132, 134, 135, 4326 To avoid error as far as possible, a suspected leper should be examined by two medical men independently of each other, who should be required to fill up a certificate separately in which all the necessary details of subjective and objective symptoms are to be clearly stated, together with the reasons for arriving at the opinion, somewhat after the practice followed in the certification of the insane.

3493 These certificates, with the necessary information, should be laid before a Board whose duty it shall be to decide from the information laid before them whether the person is or is not a leper. In all cases where there is no reasonable doubt, the leper should be removed to Cape Town to be examined by the Board before being finally declared to be a leper.

4260, 4261, 4262, 4263, 3182, 3483 Should there be a reasonable doubt in the mind of the authorities that the suspected person is a leper, his name should be entered upon a Register, and he should be visited at short intervals by the district surgeon, who should be required to keep an accurate record of all symptoms and the progress of the individual, to be forwarded at regular intervals to the Board until all doubt has been cleared up as to his condition.

4323, 4324 We are of opinion that it is obviously wrong to send cases over to Robben Island for an opinion as to whether or not they are lepers. Under no circumstances should this be permitted, and we think the discharge of a patient declared to be a non-leper would appear to be too tardy; every means should be adopted to shorten the period of detention in cases declared non-leprous as much as possible. In the past it would appear that one month elapsed before a warrant was obtained to discharge a patient, though she was declared a non-leper two days after admission.

4308, 4309

It would not be wise to remove merely doubtful cases to an institution for observation. In the first instance, they should as far as possible be kept under observation in their own homes, but it may be necessary to keep certain cases apart in an institution, which may be called an observation station, in which any doubtful case which could not be observed elsewhere or about whose condition there was not absolute certainty, might be kept apart from any risk of contact with the more obviously diseased persons.

3490, 3491, 4321, 6427, 6428, 6429, 6430

The period of observation should be sufficient to allow of all reasonable doubt to be solved and must not be unnecessarily long, while the period of detention in an observation house should be fixed by a warrant from His Excellency the Governor in Council from month to month, according to the requirements of the case, and complete records should be kept and transmitted regularly monthly to the authorities.

Under such circumstances it should become practically impossible for any doubtful cases to be transmitted to Robben Island. But to further minimise any source of error, all cases newly admitted to Robben Island should be carefully examined and reported on from time to time, so that no possibility of mistaking an obscure nervous disease or some skin affection for leprosy should occur. It should never be countenanced that patients should be detained under observation on Robben Island about whose condition there is any doubt; all such cases should be transmitted to the observation wards on the mainland, to be placed under the supervision of the board constituted to regulate and control the admission of lepers to the Robben Island establishment.

Such a special institution as indicated must be on the mainland, in the neighbourhood of the present existing Government institutions, and will serve both as a receiving house and as an observation station.

4321 The accommodation required need not be large, but every precaution should be taken to isolate the doubtful cases from the obviously leprous.

This establishment should be under the general supervision of the board of leprosy, as indicated before.

4090, 4091, 4092 It will be necessary to exercise a continuous supervision over the admissions to the leper institutions, and to require periodical re-examinations and inspections of every patient. This will be necessary, not only to ensure a careful and methodical study of the disease itself, but to act as a further check upon the possibilty of allowing non-leper patients to slip in. In the past, a considerable number of non-lepers was kept in the leper asylum, and some apparently quite casually detected.

4304

But a leper being once admitted to a leper asylum, the final decision as to whether that person is, or is not a leper must rest with the board, and not with the medical officers of the asylum.

The board should be composed of medical men of standing, and every opportunity should be given them to study the disease and treat leper patients at the observation wards. In this way a board of experts will be constituted, which will be of material assistance in the difficult emergencies so likely to arise in dealing with the compulsory segregation of lepers.

As a check upon the admission of doubtful or non-leprous cases it would appear the precautions adopted at present act but imperfectly, as such cases are admitted to the island where the rule has been to detain them for two or more months under observation before reporting to the Colonial Office. 4268

These cases although certified as lepers which are regarded by the surgeons on Robben Island as doubtful are not kept outside the leper boundaries or placed in a separate ward.

The want of such a separate ward where patients could be carefully observed and watched as been felt for some time, and a suggestion made to set aside such a ward. 4289

We learn with regret, therefore, that those patients, who are regarded as doubtful or about whose condition opinion is divided, are not isolated from the other leper patients, that while they have their beds in the day room, they mess with the other patients, and there is no means of isolating them. 4267, 4271, 4272

We are told that on the 22nd of February, two coloured female patients were under confinement on the island, about whose condition there was no doubt in the mind of the assistant surgeon, who says, they are not lepers. These cases on the above-mentioned date were some six weeks in the female wards. 4264

It is to our minds a very great grievance to detain any persons under circumstances of the greatest hardship, about whose condition there is any doubt; where there be any ground for doubt, every possible precaution should be adopted to prevent unjust segregation and exposure to even the possibility of contact with lepers; and should such doubtful cases be detained, they should be inspected and visited by the official visitors or medical inspectors and placed under special regulations.

The cases mentioned above have not been reported to the medical members of the official visitors. 4447

Reception House and Probationary Wards.

A consensus of opinion among those who, from their experience of the disease and the working of the Leprosy Act may be expected to be most able to judge, affirms the necessity of erecting and maintaining a building on the mainland for the purpose of receiving such patients as are suspected of being lepers, but in whom the symptoms are so ill-defined or obscure as to render a positive diagnosis a matter of the very greatest difficulty. A reference to the appendix will show that already serious mistakes have been made whereby certain individuals have been placed on Robben Island under Governor's warrant, issued on the medical certificate of men who from their position ought to be considered as capable of making an accurate diagnosis, if that were possible, at the time and under such circumstances as applied to the patient or patients under consideration. 195, 286, 875, 958, 964 1014, 3181, 4321, 4634 1538, 4291

It has to be borne in mind that once an individual has been duly certified to be suffering from leprosy, his liberty, under the working of the Colonial Leprosy Repression Act, is taken from him and he becomes to all intents and purposes imprisoned for life and under circumstances such as would be considered severe treatment for even a heavy criminal offence, for any crime indeed short of manslaughter. It is, therefore, obvious that the very least which might be expected by the public would be that the greatest and the most scrupulous care should be taken by the Government with a view to the protection of the liberty of the subject, to make certain beyond all doubt that a patient is actually a leper before issuing a warrant for his removal to Robben Island. It might be urged that if a patient is sent to the island and subsequently at some later date shown to be a non-leper, he may be discharged by warrant, but during this period of what is really unlawful detention, the unfortunate individual has had his liberty arrested, may have been taken from his family, may have suffered severe pecuniary loss thereby, and has been made to live during this period in a leper asylum and in common with lepers. His removal thence under a discharge warrant might be held as having remedied this, but leaving that as an open question, the fact remains that he, a free and, as regards leprosy, a healthy individual, has been forced against his will to live in close contact with lepers and, if the disease can be held to be contagious, placed in such a position as to be most liable to acquire it. With such facts before us it can readily be understood that anyone acquainted with the law, and the disease as it obtains here, should strongly recommend that a suitable dwelling ought to be maintained on the mainland where only suspected individuals might be placed, until such period as the disease should have manifested itself in such an unmistakeable form as to warrant a positive medical declaration. The opinions taken indicate that a probationary period of residence of three months would be amply sufficient, and that the patients should then, if the disease has not declared itself, be discharged, unless it was thought advisable to retain them longer and they, at the same time, were willing to remain. It is believed that a building calculated to receive ten persons would be sufficient with suitable attendants and medical supervision. 1538, 1931

Having regard to the difficulty of medical diagnosis in doubtful cases, it would
2575, 2877 seem to be the general opinion of those whose evidence has been referred to above, that a Medical Board of Leprosy should be established in Cape Town, and that no warrant should be issued for the removal of a patient to Cape Town until such time as the members of the board were satisfied that the patient was actually a veritable leper.

Discipline

Opinions seem to differ as to the amenability of the leper patients to management
1988, 1990, 5551, and discipline; while on the one hand it is said they are difficult to manage, on the
3522, 7546, 6374, 8963 other it is said they are very easily managed.

7546 The chaplain on Robben Island, the Rev. Mr. Watkins, says "considering the large number of patients they are very well behaved." And a former medical officer,
3518 Dr. Eyre, says he never had any trouble in the management of the lepers. "If there was any trouble I used to do one of two things, either cut off certain privileges or subject the offender to solitary confinement."

6372 While the surgeon superintendent of Robben Island has told us in his evidence that there had "been two or three instances in which trouble has been given, otherwise the patients are amenable to reason. When there has been any trouble it has generally been due to the visiting from the mainland, or something that has stirred up the feelings of the patients and made them lose temper and become excited."

Notwithstanding this, however, a general impression of uneasiness exists in the minds of the officials responsible for the good government of the island that a rising may take place or that the lepers may combine to do serious harm.

11076 We are told that there was a rumour that the superintendent's life was not safe, while other witnesses have said that there was a rumour that the superintendent's house was to be burnt down.

11073, 11074 The Under Colonial Secretary says that in September, 1892, it was officially "reported that the lepers intended to break out and attack the inhabitants." On that
11075 account the Under Colonial Secretary, Mr. De Smidt, proceeded to the island with the assistant magistrate of Cape Town to investigate the matter, and he says:—

"I found that, while on previous occasions the attitude of the lepers towards me was respectful and quiet, they were absolutely insolent, defiant, and abusive."

Acting upon the instructions of the Government, a body of armed constables was taken over to the island, together with a reserve of arms, which was left in the charge of the medical superintendent.

11075 It was decided to leave the constables on Robben Island, where they have remained ever since, and Mr. De Smidt says that "subsequent occurrences have convinced him that the action originally taken was fully justified by possibilities on the island."

On three occasions, when very excited, the leper patients have made demonstrations. On one occasion when the Honourable the Colonial Secretary visited the female quarters; on another occasion when the Leprosy Commission visited the island, the females broke out of the compound and rushed along the trolley line to the boundary, where they were stopped by the guards, and on a subsequent occasion the male lepers made a demonstration to complain about having been served with bad meat.

5441 The difficulty of enforcing discipline is emphasised by the resident magistrate, who says it is impossible to carry out discipline among the lepers on the island. In this the surgeon superintendent and others corroborate him. It is said, if a leper commits some small offence, such as shouting in the wards or committing a nuisance, it is not possible to punish him in any way.

On this account the discipline of the establishment suffers.

6350 It is true, as the surgeon superintendent says, it would not do to force the lepers
6359 to do what is quite unnecessary. It would appear, however, that there are certain rules and regulations for the discipline of the establishment. The orders are not given to the patients but to the attendants, who see they are carried out, and the lepers are
6361 encouraged to assist them by a series of privileges and offering employment to a certain number as attendants.

6360 No means exist, however, of administering punishment to the lepers for dis-
6363 obeying rules, still the surgeon superintendent says he finds this amply sufficient to regulate the establishment.

6405, 6407 But it is found there is special difficulty in dealing with the refractory lepers, and the surgeon superintendent has recommended regulations to be drawn up to punish them, while he is about to erect a small two-roomed building for a leper lock-up, as he
6410 regards it as a "great deficit in the Act not being allowed to punish offenders in any way."

No doubt it adds very greatly to the difficulties of management to have, as we are told, "some desperate characters are on the island, and constant vigilance is required to keep them quiet." 11081

Offences that have been committed by lepers have been quarrelling and fighting, in one case attempting to wound with a knife, drunkenness, use of obscene language, committing nuisances, entering the female compound at night, smuggling things from the island, giving away Government clothing, &c. 9308, 9311, 8874, 6266, 5457, 5458, 5611, 5612, 5464, 5465, 6213, 6261

It would appear therefore, that there are certain difficulties in the way of the enforcement of discipline, as the Act, while it provides that the Governor may make regulations, does not provide for enforcing any penalties. 5441 6407 119

It is maintained that as the lepers "are detained under the Governor's warrant, the asylum is a privileged place, and the Police Offences Act does not apply to it." 121

A leper has been brought up for drunkenness, and the magistrate says he has no jurisdiction, and the same with regard to having dagga or liquor without permission; while there is no punishment for refusing to obey the superintendent, matron, or other responsible officer, interfering with the lights after they have been put out, shouting and screaming in the wards, gambling and passing the boundary without permission. 6408

Moreover the Attorney-General has ruled that if a patient gets drunk or uses abusive language the only way to punish him is to stop his privileges. 6409

It is replied that these bad characters have no privileges at all.

The difficulty no doubt would be met by establishing an isolation ward, in which refractory lepers could be confined for punishment. In one instance a male leper who was thought to be the ringleader in a series of disturbances was removed to the mainland and confined in the Old Somerset Hospital on a warrant given by the Governor, on the advice of the Executive Council. This step had a most beneficial effect, and put a stop to further trouble. 6410 11077

It must be conceded, therefore, that power to punish refractory lepers will be necessary for the good management and discipline of the institution.

Without some such power it will be difficult, almost impossible, to conduct a large institution with so many inmates of different classes and conditions as are to be found on Robben Island. For that purpose we are of opinion it will be necessary to pass an Act which will vest the necessary powers in the Governor to issue regulations for the discipline and government of the lepers, defining the specific offences. 262

The application of all punishment must be carefully watched, and a special officer detailed for such duty, who must be quite separate from the general administration staff of the institution. 254

Moreover, a record of all such enquiries and punishments must be kept and forwarded from time to time to the officer at the head of the Law Department. 258

Reliance must, however, be placed as far as possible upon good management and moral force to enforce discipline, and everything likely to cause a grievance or annoyance should be avoided. The leper institution should be regarded as a hospital, and made, if possible, a home of rest for the unfortunates placed there. All semblance of prison life and prison surroundings should be carefully removed, and, as far as possible, the ordinary common law of the country should apply to all cases to be dealt with, and the same procedure adopted as required thereunder. If, therefore, special legislative authority were given to apply the Police Offences Act to the leper buildings as a public place, the difficulty would no doubt be sufficiently met with, as far as all the necessities of the case require. 264

At the same time, general regulations dealing with the routine daily management and duties of the lepers will need to be drawn up in such a way as to allow of their being enforced.

Thus it will be necessary to enforce, by regulations, habits of cleanliness, and to require certain duties to be performed. These should be placed in the hands of the medical officer, and failing compliance therewith, it should be permissible to bring the leper up before the resident magistrate for punishment.

As far as possible, we are of opinion, the medical officers should not be called upon to judge and allot punishment to their patients. The duty of the medical officer is to look after the medical treatment and comfort of his patients, and if he were to be called upon to sit in judgment on them and punish them, it would certainly interfere with his popularity and usefulness.

Every care should be taken, we are of opinion, to establish that popularity and confidence in the minds of the patients which is the usual relation between patients and "their doctor."

The greatest care will have to be exercised in the working of all penal clauses, and endeavour must be made not to enforce punishments for every trivial offence. By doing that, a spirit of rebellion will be engendered, and instead of checking insubordi-

nation it will be increased. In the larger number of instances it will be better to pass over minor offences and seek to remedy them by improved example and by offering rewards and privileges to encourage and foster a spirit of emulation in good conduct and orderly behaviour.

Authority should be given to remove undesirable characters to a separate part of the institution, or even to another institution, should any leper be found conspiring against discipline and good government. Convict lepers should be kept apart in a separate institution, and required to serve out their time under the usual convict regulations, and no excuse should allow the authorities to set free a criminal in the
5459 leper settlement, as has now taken place. When a leper convict has served his time, if his conduct and disposition are good, he may be allowed to enter the settlement, but an obviously bad and degraded character should be kept apart as far as is possible and dealt with more rigorously until a tendency to improvement has been manifested.

Arrested Cases.

The attention of the Commission was early in the course of its enquiry directed to
1344, 1290 a statement by the surgeon superintendent, that among the leper patients "90 cases
1348 are cured, and that they cannot be the means of spreading the disease," or in other words that "about ten per cent. of the anæsthetic cases" at present on the island were cured.

1383 The Commission felt it right to examine into this point in great detail, and on pushing for a positive answer as to the cures, Dr. Impey admitted he "cannot say positively. I quite agree with my former statement in this way, that it is impossible to say anything is cured, but the benefit of any doubt should be given to the lepers." If the statement made were reliable, it was felt it would require a recommendation for the discharge of the ninety cases, supposed to be cured.

In so far as the limited time at the disposal of the Commission allowed, further enquiry was made.

The statements were not, however, borne out. Dr. Todd, the assistant surgeon on
4074 the island, under whose care the lepers have been more or less constantly for some time, says that in his experience there is no total cure for leprosy, he has "never had any self-
4102 cured cases pointed out," and that he "does not recognise the term," but he regards the
4103 condition only as one of temporary arrest.

4077, 4084, 4085 Dr. Todd in his evidence was able further to tell of a supposed "self-cure" case which had developed active symptoms of leprosy again, after being recorded as a cure.

Other witnesses of experience were able to corroborate the view taken by Dr.
1903 Todd: thus Dr. Landsberg, with an experience of leprosy extending over thirty years, says "I have seen at the Old Somerset Hospital several cases where the disease has been arrested. Some of these cases have been allowed to leave the hospital, and they
1906 have returned as bad as when they were first admitted." And he has never seen a permanent arrest of the disease.

Dr. Eyre, formerly in charge of the leper wards on Robben Island, a most careful
2142, 2156 and painstaking observer, says he saw one case of cure on the island, but he could not say it was not *ainhum*.

2177, 2178 He would regard a case as cured if there were no active symptoms for ten or fifteen years, but he did "not think the Commission would have any reliable records on that point to go on."

2509 Again, Dr. W. Ross, a former surgeon superintendent on Robben Island, thinks
2514 the disease is never cured, only arrested. "I would not go farther than that," and he
2524 states that he would not liberate the cases where active symptoms were absent. "It is arrested, but it may break out again." He had, moreover, seen cases go away to the mainland "nice and clean and apparently well," but they returned a great deal worse than they were before, "all over sores."

2764 Dr. Dixon, late surgeon superintendent on the island says, he has seen arrested cases, but "I should look on them as possible objects of relapse."

It would appear, therefore, that the opinion stated by the surgeonsuperintendent is not borne out by the experience of others who have had ample opportunity to observe and closely study leprosy. In the absence of fuller information the Commission feel reluctantly compelled to abstain from expressing an opinion on this point at present. Further investigation and research, however, will be made into the condition of these supposed "self-cured" cases.

For the present it would be highly injudicious to hazard any remark which may be construed to mean that we agree with the "cured" or "arrested" condition of these
1392, 1393 cases, but we feel constrained to draw attention to the fact that one case has been discharged upon the certificate of the surgeon superintendent that the patient's condition was not dangerous to the public health "as there was no ulceration and on that he was discharged."

This patient was admitted to Robben Island on the Governor's warrant, in which it was stated he was a danger to the public, and moreover, Dr. Todd says "he was in the same condition as the others," *i.e.*, leper patients on Robben Island, while we learn further, that this patient's father and aunt had been leprous also. 1395 4096 4100

The Commission venture to think that such a procedure was not contemplated when the compulsory segregation of lepers was decided on, and are of opinion that before such a course of action is allowed to become general, more careful investigation and research must be made to determine in how far the opinion of the surgeon superintendent in this instance was correct, and under what circumstances "arrested" cases may be regarded as even relatively cured, and allowed to return to their homes.

Convicts.

Five convicts are employed in the sanitary work in the village; five in the male leper asylum, and ten in the female leper asylum. Besides the sanitary work in the female asylum, the convicts have to clean and scrub the wards, the tables and chairs. 5605, 5542

The Commission has taken the convict question into serious consideration, and is of opinion that the convicts should not do any work that brings them into close association with lepers, or into the female leper asylum. The sanitary work and scrubbing should, as far as possible, be done by the leper patients themselves, or paid servants. 5461, 5462

The opinion of the Commission is supported by the superintendent of the convict station. Mr. Jones thinks it is unfair to convicts to place them in such close contact with the lepers. They may get food, and so on, from the lepers, and there is in that way the possibility of the disease spreading. "I think the convicts get dagga from the lepers; I have reason to believe so. Bodies of convicts are constantly working at the leper settlement, and it is difficult for a guard to keep his eye on them all. I know of one case where a letter was intercepted addressed to a convict, care of a leper. That would lead one to believe that there is communication between them." 5461

Leper Guards.

There are ten guards for the leper asylum, whose duties are interchangeable with the convict guards. They have to do duty principally at night. Three guards are stationed at night outside the female compound, and there is one night guard at the male asylum. In the day time only one guard is on duty to watch the boundary between the male leper asylum and the village. When on duty, the leper guards carry revolvers. The arming of the leper guards with firearms was found necessary on the first occasion, when a disturbance occurred on the island, and when it was reported officially that the lepers intended to break out and attack the inhabitants (September, 1892.) 5502, 8426 5445, 8443 11073

Since September, 1892, there have been several disturbances; on one occasion only was a revolver drawn. The Commission cannot admit the necessity of the guards carrying revolvers when on duty; they recommend that they should be armed only with batons; the revolvers might be kept in the guard-house, ready for use, in case they were ever required. We have evidence that during one year there have been 25 charges against the leper guards (and there are only 10 of them); four charges have been for drunkenness. This points to it not being desirable to place firearms in their hands, and leave it to their discretion to use them. The fact of the lepers being constantly guarded by armed constables like convicts must make a painful impression on the better behaved patients, and must cause a good deal of irritation. This would be avoided by arming the guards as ordinary village police with batons. The ringleaders, who in most instances have created the disturbances by exciting and instigating their fellow-patients, should be punished *severely*. This measure, we feel sure, would help to minimise disturbances in future just as much, if not more, than by constantly parading the boundary line with loaded revolvers. 8432, 10341 8808, 8809

The guards should be under the sole control of the resident magistrate, and rules should be drawn up for their guidance. We feel that it would be a dire calamity, if through want of temper or patience, even under great provocation, firearms were used against the lepers on Robben Island.

Old Somerset Hospital.

The Old Somerset Hospital is used as a receiving or half-way house for lepers to and from Robben Island, though it would appear that some cases have been detained there for a long period, and in one instance a leper was sent thither from Robben Island as a punishment, and died there. 500

The accommodation set apart for this purpose consists of a corrugated iron building placed in the grounds.

This building is divided into two wards of six beds each, one for females and one for males. Each ward opens into a small yard, which is railed off from the general yard, but as the enclosure on the male side consists only of a fence formed by poles supported on uprights, it can hardly be said to be sufficient to prevent intercourse with the chronic sick who come into close proximity with this fence. On the female side a hedge of evergreens prevents more effectually the intercourse with the other inmates.

1029 There are neither baths nor lavatories, nor urinals nor w.c. for either of the wards, and the only conveniences provided are night-stools, which are placed in the wards at the bedside of the patients.

In these wards doubtful cases are kept together with the clearly leprous. There is no possibility of classification. A good many white patients pass through the Old Somerset Hospital, and white patients would be kept in the same ward with the coloured patients. One female patient, it is true, was kept apart in a small room, if such a word can be used for the wretched cell, unfit for human habitation, which opened into a sort of passage way, or small court, leading into one of the yards for the insane. Here this unfortunate person was kept confined for some time.

1025 The food of the leper patients is cooked in the general kitchen, and they are waited on by the chronic sick attendants. The washing is done in the general wash-place by the chronic sick and attendants, and the only attempt to disinfect the clothing 1005 is by adding an undetermined quantity of carbolic acid to the water in which the clothes are washed.

The length of time a leper is detained at the Old Somerset varies; some cases are kept two months, while some are first placed under a course of treatment for syphilis, before being sent to Robben Island, or discharged. It is clear, therefore, that whatever may have been the original intention, the Old Somerset Hospital is more than a half-way house for lepers *en route* to Robben Island.

The admission of lepers into a chronic sick hospital can only be permitted where there is a strict and complete isolation, and while it would seem instructions are given that there should be complete isolation, it has appeared to us that this is practically impossible under the present conditions, where the same kitchen, wash-place, and attendants serve the lepers as well as the chronic sick.

Moreover, on the occasion of the visit of this Commission to the Old Somerset Hospital, on the 10th of February, a young boy was found among the chronic sick, who slept and messed with them, who was certified as a leper, and notwithstanding had been in the chronic sick ward since the 15th of December.

Again, on the 3rd of April, on a subsequent visit, we were told of three cases, two men from Bechuanaland, who had been sent in on the 30th of December, 1893, and one 9413, 9422 from Herschel, admitted during December of that year. These cases had been returned from Robben Island as non-lepers, and yet they were required to sleep with the lepers in the leper ward, while they messed with the chronic sick. This is necessary because there is no other accommodation. Such a proceeding is much to be condemned, and should not be countenanced. It can only be prevented, we think, by separating entirely the leper wards from the Old Somerset Hospital, a step strongly recommended by Dr. Cox.

In drawing up an interim report on Robben Island the Commission feel that they have had a very difficult task to perform. From a great many sources they have had to collect information which was often conflicting and misleading, according to the view taken of matters by individual informants.

To sift the information thus obtained, and to judge every point fairly upon its own merits has been no easy task. Naturally a great many recommendations have to be made, and many points to be touched upon in such a manner that to the superficial reader it might seem as if so many unqualified strictures had been passed upon the working of the leper establishment on Robben Island as a whole. The Commission therefore feel bound to make it clear that in their opinion the improvements which have, especially within the last four years, been made in that establishment are great. It must be borne in mind that since the Leprosy Act of 1884 came into force on the 17th May, 1892, the population of the island has been rapidly increasing. In the year 1871 there were 49 leper patients on Robben Island, in the year 1890 this number had in- 1049 creased to 110, and at the present time there are 532 lepers. For this rapidly-growing population accommodation had to be made, wards had to be erected, private dwellings for officials, churches, and parsonages had to be built. With the growth of the population, a corresponding increase in the demand for food, water, clothing, and other

requisites took place. "Any one" writes the chief and medical superintendent, "who has had the experience of managing an asylum with upwards of 800 cases, must know that with the provision of bed accommodation the organisation is by no means at an end. The wards had to be supplied with tables, lockers, forms, stools, cupboards, and the many other accessories necessary to complete the equipment, and these articles had to be made. This in itself in a new establishment is a gigantic work." It must be confessed by every impartial observer that the Government of the Cape has been very liberal in its outlay upon Robben Island, that it has shown great solicitude for the care and comfort of the lepers under its care, has displayed unexampled liberality in affording facilities for visits to lepers of their relatives, however distant, and exhibited in many different ways a warm interest in the lepers, and a desire to deal with this leprosy problem in the most humane method possible, acting in this respect in accordance with the public opinion of the Colony as expressed by its representative men.

Hospitals Report 1893, p. 94.

The duties of the chief and medical superintendent have also of necessity increased to such an extent that it seems to be impossible for one man to do justice to all the work which is at present attached to that responsible office.

And this is an important fact to which the Commission must attribute the many shortcomings of local administration appearing in close investigation of the work at Robben Island.

GENERAL RECOMMENDATIONS.

Administration.

We have to express our decided dissatisfaction with the administration of the institution in many particulars, notably the futile methods of enforcing segregation, the absence of proper supervision, the want of continuity in management, the lax discipline, and the divided responsibility due to want of precise definition as to duties. In passing judgment, however, it is necessary to remember that the staff of the leper asylum has been undermanned and that after the promulgation of the Act the establishment increased at a rapid rate. We gladly recognize that many great improvements have been effected during the last few years, and that a large majority of the patients are much better housed and cared for than they would be in their own homes. We would recommend

(*a*) That there should be a resident magistrate, but that he should be entirely divested of responsibility for the administration of the medical institutions; that he should act as civil commissioner, receive moneys and pay wages, have charge of the convict station and police force, and be the sole authority in cases of law and order; that he should have charge of such village work as can be entirely separated from the sphere of asylum management, and that the clerical work should as far as possible be done under his superintendence. Further, that he should be appointed one of the official visitors to the asylums, and it is also recommended that the office should not be held for too long a period by the same individual.

(*b*) That there should remain one head of the medical establishment, directly responsible for its management and control, and all connected therewith, except in so far as the duties allotted to the magistrate are concerned.

(*c*) That the medical staff be strengthened by the appointment of two additional medical officers, one being a pathologist and bacteriologist.

(*d*) That the nursing staff (the non-leprous staff) be increased in both male and female institutions to the full strength of staff required in chronic sick nursing (about 1 to 25), and that everything be done to attract and retain the services of a good staff; that convicts must not be employed for scrubbing wards or any work in connection therewith; neither should lunatics be employed in the leper area.

(*e*) That the present system of having paid leper assistants be extended, and that all practicable inducements be offered to increase the number of patients usefully employed. That industrial occupations be encouraged, and workshops established for tailoring, carpentering, tinsmith's work, shoemaking, &c., and that dairy-farming be also part of the duties. Gardening, tree-planting and general outdoor work should be encouraged as far as possible.

(*f*) That rules and regulations should be drawn up applicable to the institution, that stricter discipline should be enforced, and closer supervision exercised in the various departments. It would be advisable that a Special Act be framed for the government of Robben Island, as recommended by the Under Colonial Secretary.

Children.

We recommend that the practice of allowing healthy children to live in the wards with their leprous parents must be discontinued, and that if no other satisfactory mode of providing for these children can be found, a small children's home be established for them on the mainland.

General Visitors.

1. A scrutiny of all passes should be made before allowing anyone on board the boat at Cape Town.
2. Instructions should be issued to officers on boat as to the number of passes issued for that day and only that number be allowed on board the boat.
3. A system of coloured tickets marked in some way, thus preventing dates being altered or ticket transferred.
4. Rules for the guidance of visitors to be posted up in offices, wards, receiving rooms, &c. and on a board at leper boundary—on one side of permit, a notice to be printed calling attention to penalties (under Act) attached to breach of such rules: and these should be enforced for offences by visitors.
5. Visitors only to be received by their friends in a special day room where attendant should be on duty.
6. In cases of illness where patients are confined to bed or in hospital they may see their friends subject to special "permit."
7. Visitors not to be allowed to be present at meal hours.
8. Visitors to be cautioned about kissing, sharing the same food, or smuggling dagga or liquor.
9. Visitors to be compelled to wash with disinfectants before leaving.
10. To sign their names and addresses in a "general" visitors' book, kept for that purpose, and to notify therein their complaints, connected with matters pertaining to the administration of the institution or the welfare of their friends.
11. A special register to be kept by resident magistrate and civil commissioner of all those who are allowed to stay over to the next boat day, stating reasons why they are permitted to stay.

Official Visitors.

1. That official visitors be appointed to visit the leper asylum monthly and their Reports be printed subsequently.
2. That an official visitors' book should be kept at the office for signature.
3. That the Board be also constituted official visitors.

Segregation.

Segregation, as hitherto practised at Robben Island, has been a very inefficient and half-hearted segregation—the visitors to the lepers being numerous, their visits to all intents and purposes unsupervised, and the opportunities of contract between lepers and non-lepers many. If any good is to come of segregation, and the Colony is to reap a proper return for the sacrifice it is making, segregation should be properly carried out. The Act should be much more strictly administered, and some such visiting rules and arrangements as have been recommended in the report be adopted and enforced.

Suitability of site of Robben Island.

We are of opinion that it was a mistake ever to have selected Robben Island as a site for a public institution for the following reasons:—

(1) Its inaccessibility.

(*a.*) For administrative purposes.
(*b.*) For visiting of friends and relatives.
(*c.*) For cargo and necessaries.
(*d.*) For the absence of the good effect induced by coming in constant contact with healthy public opinion, which is beneficial for both the staff and patients.
(*e.*) For expense in keeping up communication.
(*f.*) For bad effects of insularity upon the inhabitants.

(2.) Its barren and uninviting aspect.

(3.) Its climate being less favourable than that of the mainland, and likely to act prejudicially upon those coming from many parts of the mainland.

(4.) The water supply being insufficient in quantity and bad in quality.

(5.) Absence of trees for shade and shelter and of vegetation generally.

In view, however, of the large outlay of public money that has been incurred, we are unable to recommend the immediate removal of the institution to the mainland, but we are strongly of opinion that the limit of its legitimate growth has been overstepped, and that for many reasons, but especially on account of the difficulties of obtaining an abundant supply of pure water, it is imperative that the resident population on the island be reduced. We feel that any scheme which would involve a considerable expenditure on new buildings should be avoided, and that the aim should be gradually to decrease and contract the establishment. The removal of the Robben Island establishment has been already strongly urged by the various reports presented to Parliament, extending over a period of the last forty years.

Decrease of Establishment.

In view of limiting further expenditure on the island and of utilizing certain accommodation which already exisits, the Commission would advise the removal of the lunatic establishment from Robben Island to the mainland. It has been shown that in the past (and to a certain extent at present) patients have been employed for labour in connection with the leper establishment. It is not fair or just to them that they should be employed in such work and their presence on the island furthermore adds to the difficulty of general administration.

The few chronic sick should be removed. The convicts at present employed in connection with the leper establishment should not be allowed to do any work which brings them in close contact with the lepers.

Guards.

Would recommend that the whole system, as applied to the leper guards, be amended and altered to that of a village police; that they should not be armed with revolvers; and that the guards on duty at the female compound at night be abolished.

Convicts and Lunatics in Leper Area.

Would recommend that no duties in the leper wards or in the leper area be assigned to the convicts or to the insane.

Drink.

We are of opinion that the drink question has been one of the great difficulties on the island, and that too great leniency has hitherto been shown in dealing with offenders.

Your Commission would recommend—

1. That no canteen or establishment be allowed upon the island where liquor may be sold.
2. That alcoholic drinks shall only be served out on requisition countersigned by the medical officer. For the management and carrying out of this regulation the resident magistrate shall be responsible.
3. That the supply be served out daily.
4. That no requisitioning be allowed by visitors.
5. That no permit to obtain liquor shall continue in force longer than one week.
6. That a restaurant be kept open for food, tea, coffee and ærated beverages, and that no alcoholic drink be allowed to be served or used therein.

Dog Quarantine.

We recommend the removal of the dog quarantine station from the leper area on the ground of its being an unnecessary interference with the working of segregation, from its proximity to the leper establishment. Robben Island being already overcrowded, such an addition as the dog quarantine station is inadvisable, especially when placed in the leper area.

Game Preserve—Rabbits.

We are of opinion that Robben Island should not be leased for the purposes of a game preserve, because of the serious obstacle the rabbits have been to tree planting, growth of vegetation, &c. Such game as already exists should be utilised for food and for the purpose of affording some recreation for the lepers, and inhabitants of the island generally.

Certification.

In addition to the certificate given by the magistrate, a certificate must be obtained from two medical men. The certificate ought to be drawn up on similar lines to those obtaining in lunacy cases. A field-cornet's certificate should not be essential. The special details of this form of certificate should be eventually decided upon and drawn up by the proposed Board.

Board.

We are satisfied that there is a danger in difficult and exceptional cases of non-lepers being removed as lepers to the leper hospital. Such cases have occurred in the past, and it is of the utmost importance to guard against the possibility of a recurrence of the error. We therefore recommend the establishment on the mainland of a receiving house or probationary hospital for the reception of all cases sent up certified by the local authorities of their respective districts. At such an institution these cases should come under the cognisance of a board, who should finally deal with them. All cases should be reported upon forthwith by the board. Under no circumstances should doubtful cases be sent on to Robben Island. Doubtful cases should be reported upon by the board every month, to His Excellency the Governor, who would be required to issue a fresh warrant to enable them to be detained for a further period of one month.

The establishment should be located near Cape Town. The Board should consist of three medical men. The receiving house should be under their control, and should be apart from any other establishment.

Each State to provide for own Lepers.

We would advise that each State should provide for its own lepers on account of the generally expressed wish of the Free State lepers that they should be in their own country, and on the ground of climatic conditions of Robben Island possibly affecting them adversely.

Attendants' Mess.

We are of opinion that the attendants' kitchen should be entirely separate from the lepers' kitchen, and that rations should be cooked and served out to the unmarried attendants' mess by an official set apart for that purpose who has no pecuniary interest in the messing arrangements.

Fire.

We consider that the arrangements for extinguishing a large fire breaking out on the island are seriously defective. We would recommend that a steam fire engine be supplied, that the attendants be regularly instructed in its use, and systematically exercised in fire-drill.

Boat Service and Pier.

We consider that the large annual amount spent on the boat service to Robben Island and the labour and loss of time in landing cargo on Robben Island could be decreased by the purchase of a steamboat for the Robben Island service. The erection of a small pier at the island is very much needed, and we strongly recommend such an addition be made without delay.

CHARLES F. K. MURRAY, M.D. M.Ch., F.R.C.S.I.,
Chairman.

30th June, 1894.

LEPROSY COMMISSION.

MINUTES OF PROCEEDINGS.

LEPROSY COMMISSION

MINUTES OF PROCEEDINGS.

Cape Town, Thursday, February 1st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Hoffman,
,, Fismer,	,, Herman.

The members having met in No. 16 Committee Room of the House of Assembly at ten o'clock a.m., the Chairman formally opened the proceedings by reading the Commission.

The Chairman stated that he had received a communication from Dr. Greathead, a member of the Commission, to the effect that he would arrive in Cape Town on the 2nd inst.

Mr. W. S. Fletcher was appointed to act as secretary and shorthand-writer to the Commission.

Letter dated 25th January, 1894, from the Under Colonial Secretary, read, enclosing a list of books bearing on the question of leprosy, which had been obtained from the Agent-General, and were at the disposal of the Commission.

Resolved that 100 copies of the Commission be printed for use.

Resolved that four members form a quorum.

Resolved that at the next meeting the Under Colonial Secretary and Dr. Gregory be examined.

Adjourned till Monday, the 5th inst., at 10 a.m.

Cape Town, Monday, February 5th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Greathead,	Dr. Fismer,
,, Dodds,	,, Herman.

The minutes of the previous meeting were read and confirmed.

Letter, dated the 1st inst., from the Under Colonial Secretary, read, stating that Dr. Edington was not expected in Cape Town till the 7th inst.

Letter, dated January 27th, from the Under Colonial Secretary, read, transmitting copy of certain resolutions on the subject of leprosy and the existing arrangements for the segregation of lepers, passed by the South African Medical Congress at its recent meeting in Cape Town.

Telegram from Dr. Edington read, stating that he would arrive in Cape Town on the 7th inst.

Telegram from Dr. Hoffman read, stating that he was prevented attending to-day.

Mr. H. de Smidt (Under Colonial Secretary) and Dr. Gregory were examined.

Resolved that Mr. Theal, Rev. Mr. Leibbrandt, Dr. Gregory and Dr. Cox be requested to give evidence on Wednesday, the 7th inst., and Dr. Simons on Thursday, the 8th inst.

Resolved that the Secretary be instructed to procure the following documents:—Copies of the District Surgeons' reports, two copies of the evidence taken by the Indian Commission on Leprosy, copy of the Leprosy Repression Act, copies of Robben Island reports.

Adjourned till Wednesday, the 7th inst., at 11 a.m.

Cape Town, Wednesday, February 7th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Fismer,
,, Hoffman,	,, Herman,
,, Greathead,	,, Edington.

The minutes of the previous meeting were read and confirmed.

Mr. G. M. Theal, Rev. Mr. Liebbrandt, Dr. Gregory and Dr. Cox were examined.

Letter dated February 7th from the Under Colonial Secretary read relative to the visit of the Commission to Robben Island.

Resolved:—That the Secretary be instructed to reply to the effect that the Commission contemplated visiting Robben Island at a somewhat later stage of the enquiry, but that meanwhile Dr. Impey would be examined.

Resolved:—That Dr. Impey be requested to give evidence on Tuesday the 13th inst.

Adjourned till the following day at 3 o'clock p.m.

Cape Town, Thursday, February 8th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman,	Dr. Greathead,
,, Fismer,	,, Edington.
,, Dodds,	

The minutes of the previous meeting were read and confirmed.

Dr. A. J. Simons was examined.

Adjourned till the following day at 5 o'clock p.m.

Cape Town, Friday, February 9th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Edington,	Dr. Greathead,
,, Fismer,	,, Dodds,
,, Herman,	,, Hoffman.

The minutes of the previous meeting were read and confirmed.

Resolved:—That the Commission be supplied with proofs of the evidence taken from time to time, and that the Secretary be instructed to communicate with the Under Colonial Secretary with regard to the number of copies of the report and evidence likely to be required.

Resolved:—That the Secretary be instructed to communicate with the Colonial Office to ascertain on what day next week the Hon. Colonial Secretary would be able to receive the Commission to consider the question of finance.

Resolved:—That the method of procedure in the examination of witnesses be

Resolved:—That a Sub-committee, consisting of Dr. Hoffman and Dr. Fismer, to be called the Therapeutic Committee, be appointed to place cases under treatment and observe such treatment, and report thereon to the Commission from time to time.

Resolved:—That the bacteriological investigations be undertaken on the following lines: First, that it be determined whether or no certain bacilli are found in relation to the disease in question; secondly, to determine if the bacilli of leprosy in this country are identical with the bacilli of a similar disease obtaining in other countries; thirdly, to attempt to isolate and cultivate the bacillus of leprosy; fourthly, to attempt experimentally to induce the disease known as leprosy in lower animals; fifthly, to investigate certain diseases occurring in lower animals which have been surmised to be leprosy, and to report from time to time to the Commission; and that a copy of this resolution be forwarded to the Hon. Colonial Secretary with a request that Dr. Edington be instructed to act as an expert in carrying out the investigations.

Resolved:—That statistical enquiry, including mapping, be referred to the Sub-committee, consisting of the Chairman, Dr. Greathead, and Dr. Herman.

Resolved:—To visit the Old Somerset Hospital at 11 a.m. on the following day, a notice to be sent to Dr. Cox requesting him to be present, and a notification to be given to Dr. Landsberg of the proposed visit.

Adjourned till the following day at 11 o'clock.

Cape Town, Saturday, February 10th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Edington,
,, Herman,	,, Greathead.

The Commission visited the Old Somerset Hospital and further examined Dr. Cox.

Subsequently an inspection was made of the establishment, in so far as the arrangements for lepers were concerned. The Commission also inspected three coloured lepers and one doubtful case: also two coloured men who had been sent down from Vryburg as leprous, but returned from Robben Island as not suffering from the disease; also a boy, about 12 years of age, who had been in service at Wynberg and who showed symtoms of leprosy.

Adjourned till Monday, the 12th inst., at 5 o'clock p.m.

Cape Town, Monday, February 12th, 1894.

PRESENT:

Dr. Dodds (*Acting Chairman*),

Dr. Greathead,	Dr. Dodds,
,, Edington,	,, Fismer,
,, Hoffman,	,, Herman.

The minutes of the two previous meetings were read and confirmed.

In the absence of Dr. Murray it was resolved that Dr. Dodds take the chair.

Letter from Under Colonial Secretary dated the 12th inst. read, stating that the Hon. Colonial Secretary would be pleased to receive the Commission to consider the question of finance on the following day or the day after at 11 o'clock, a.m.

Resolved: That the Commission wait upon the Hon. Colonial Secretary on Wednesday the 14th inst. 11 a.m.

Letter from the Under Colonial Secretary, dated the 12th inst., read, requesting to be furnished with a statement showing the probable expenditure of the Commission from the present date to the 30th June next, and for the financial year 1894-5.

Resolved: That a reply to this letter be deferred until the Commission had had an interview with the Colonial Secretary.

Resolved: That the following information be obtained from the surgeon superintendent at the Old Somerset Hospital:—Diet scale for leper patients; a list of all the cases that have passed through the hospital on their way to Robben Island institution; a list of cases detained at the hospital at present; a copy of the regulations under that indicated in the terms of the Commission, each section of enquiry be initiated by the Chairman and then carried on by the other members seriatim.

Resolved:—That a Circular be drawn up by a Sub-committee, consisting of Dr. Edington and Dr. Dodds, and first laid by them before the Commission, and subsequently issued to all District Surgeons and other medical men, and such laymen as may be expected to be in possession of reliable information.

Resolved:—That the Commission arrange for the examination of all cases of leprosy within reach with a view to classifying and tabulating all the clinical and other evidence obtained, and that a Sub-committee be instructed to bring up a report upon the best method of carrying out such resolution; such Sub-committee to consist of the Chairman, Dr. Greathead and Dr. Herman.
which lepers are placed during their detention in hospital; a plan of the leper wards and of the room used as a female observation room, with floor space, cubic space, and size of airing courts.

Resolved: That Dr. Landsberg and Mr. Needham be requested to attend and give evidence on Wednesday, the 14th inst, at 5 p.m.

The sub-committee brought up a draft circular to be issued to district surgeons and others, which it was resolved to have printed.

Adjourned until the following day at 10 o'clock a.m.

Cape Town, Tuesday, February 13th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Greathead,
„ Dodds,	„ Herman,
„ Edington,	„ Fismer.

Dr. S. P. Impey was examined.

Resolved: That Dr. Eyre be requested to give evidence on Thursday, the 15th inst. at 10 o'clock, and Dr. Ross at 3 o'clock the same day; Dr. Dixon on Friday, the 16th inst., at 3 o'clock; and the Rev. Canon Baker, on Monday, the 19th inst., at 10 a.m.

Adjourned till the following day at 11.30 a.m.

Cape Town, Wednesday, February 14th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Herman,
„ Greathead,	„ Edington.
„ Hoffman,	„ Fismer.

The minutes of the previous meeting were read and confirmed.

Dr. Impey was further examined; Dr. Landsberg and Mr. S. Needham were examined.

Resolved: In reference to the question put to the Commission this morning by the Hon. Colonial Secretary, that the sum of £1,100 would probably be required for the expenses connected with the Commission to the 30th June, 1894, exclusive of payment to the Secretary, printing, travelling, &c.; and that this be communicated to the Government.

Adjourned till the following day at 10 o'clock a.m.

Cape Town, Thursday, February 15th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Greathead,
,, Fismer,	,, Herman,
	,, Edington.

The minutes of the previous meeting were read and confirmed.
Dr. Eyre, Dr. Ross, and Dr. Impey, were examined.
Adjourned till the following day at 3 o'clock, p.m.

Cape Town, Friday, February 16th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Greathead,	Dr. Dodds,
,, Herman,	,, Edington.
,, Fismer,	

The minutes of the previous meeting were read and confirmed.
Dr. Dixon was examined.
The Commission deliberated upon the proposed circular of questions.
Resolved: That the Commission visit Robben Island on Tuesday, the 20th inst., and that Dr. Impey be communicated with so that the patients could be advised of the proposed visit.
Resolved: That the Commission first receive complaints from the lepers, starting with the paying white patients, then the non-paying patients, and then the coloured patients, after which the establishment would be inspected.
Adjourned till Monday, the 19th inst., at 10 o'clock a.m.

Cape Town, Monday, February 19th, 1894.

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Fismer,
,, Greathead,	,, Edington,
,, Hoffman,	,, Herman.

The minutes of the previous meeting were read and confirmed.
The Rev. Canon Baker was examined.
Certain returns furnished by Dr. Cox, relating to the Old Somerset Hospital, were laid on the Table.
Resolved: That Dr. Cox be requested to furnish a list of all doubtful and suspicious cases detained at the Old Somerset Hospital or passed through to Robben Island, with particulars as to their condition on admission and on removal or discharge.
The Commission further considered the draft circular of questions.
Resolved: That following upon the visit to Robben Island, the Commission examine such witnesses as may assist evidence towards the administrative aspect of the enquiry, and that they proceed to summon the following:—Dr. Impey, Dr. Eyre, Dr. Dixon, Dr. Dodd, Dr. Waterston, Mr. Moore, Mr. Mudie Mr. Rutherfoord, Mrs. St. Leger, and Dr. Roux.

Resolved: That a sub-committee of not less than three members be appointed to take evidence from the undermentioned officials on Robben Island, such evidence to be subsequently submitted to the Commission:—The magistrate, the matron, the baker, the butcher, the carpenter, the undertaker, the distributor of rations, the police, Mr. Fitch, and such others as may be deemed necessary, such sub-committee to consist of the Chairman, Dr. Edington, and Dr. Hoffman, and to visit the island on Friday, March 2nd. In the event of any member being unable to attend, he is empowered to ask any other member to act for him.

The report of the sub-committee on the taking of clinical cases having been submitted, it was resolved that the form submitted by Dr. Herman be adopted with the addition from Dr. Greathead's report of the more special grouping of the symptoms there tabulated.

Adjourned till the following day at 9·30 a.m.

Robben Island, Tuesday, February 20th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer,	Dr. Hoffman,
„ Dodds.	„ Greathead,
„ Edington,	„ Herman.

The Commission proceeded at 10 a.m. to Robben Island by special steamer, previous notice having been given to Dr. Impey. The patients were first interviewed, deputations having been arranged by themselves to state their grievances to the Commission, without the presence of any official. The Commission first interviewed two paying patients, Mr. K**** and Mr. L***, and afterwards deputations were received from each ward, two patients representing a ward. The non-paying coloured patients were interviewed under similar conditions, and then the male white leper ward was visited, a deputation of two being received, and the remaining patients being all present. The female wards were then visited and a number of women stated their grievances. The wards were also inspected, and the sick patients interviewed. Mrs. M***** and Mrs. L******, two white paying patients, were also interviewed. As the inspection of the wards was proceeding, part of the women assembled at the gate in a very excited state and surrounded some of the members of the Commission, asking that Dr. Impey might be brought before them in presence of the Commission. They said that he told them that upon the arrival of the Commission some of them would be picked out and allowed to go home. This they demanded should now be done. It was explained that all the statements taken that day would be laid before Parliament and due consideration doubtless would be given to them, but that the Commission had no power to deal with the matter. As the Commission were leaving the compound, the women rushed towards the gate and tried to follow them, shouting and gesticulating. As they passed the male quarters the men came out and many of them joined with the women. The police constables were called out, and as the Commission passed along on the trolley, they observed that the disturbance was continuing, Dr. Impey and the magistrate being present. One of the matrons, they afterwards learned, had been struck by a patient.

Adjourned until the following day at 11 o'clock.

Cape Town, Wednesday, February 21st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Greathead,	Dr. Edington,
,, Hoffman,	,, Herman,
,, Fismer,	,, Dodds.

The minutes of the two previous meetings were read and confirmed.

The draft circular of questions was finally adopted, and it was resolved that 3,500 copies be printed in English and 750 in Dutch, and that they be sent to all medical men, magistrates, field-cornets, district surgeons, members of each House of Parliament, editors of newspapers, clergymen of the Dutch Reformed, English Episcopal, Roman Catholic and Wesleyan Churches, the State Secretaries of the Transvaal, Free State, and Natal, Bechuanaland and Basutoland, Dr. Harris, Secretary of the Chartered Company, the principals of St. Aidan's College, Graham's Town and Lovedale Institution, Dr. G. Atherstone, the secretaries of the Railway medical boards, and the medical departments of the military and naval services respectively.

Dr. Eyre and Dr. Todd were examined.

A letter from the Under Colonial Secretary, dated the 20th inst., was read relative to the scale of allowance to the members of the Commission.

Resolved: That the letter be acknowledged, and that inasmuch as the non-official professional members of the Commission were being dealt with under a tariff differing from that already laid down by Parliament, the Government be asked what modification they intended making with regard to the professional official members.

Cape Town, Thursday, February 22nd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Edington,	Dr. Greathead,
,, Dodds,	,, Herman.
,, Fismer,	

The minutes of the previous meeting were read and confirmed.

Dr. Todd, Dr. J. Waterston, Mr. D. Mudie, and Dr. Dixon were examined.

Resolved: That Dr. Cox be requested to furnish a list of patients passing through the Old Somerset Hospital, *en route* to Robben Island, from May, 1892, to November, 1892.

Resolved: That the Under Colonial Secretary be requested to furnish the following:—

Papers dealing with patients discharged from Robben Island as non-leprous.

Report of Commission appointed in 1891 or 1892 to examine certain cases of arrested leprosy.

Return of cases sent to Robben Island and placed under observation as doubtful.

Papers in connection with the case of a man named Ostrich, *alias* Ramazoa (No. 237), discharged from Robben Island.

Official reports of visitors to Robben Island.

Letter from Dr. Cox read, stating that he was unable to supply any further information on the subject of leper patients detained at the Old Somerset Hospital.

Letter read from Mr. T. Hay relative to a case of leprosy in the neighbourhood of Keimouth, which could probably be found by the C.M.R.

Resolved: To acknowledge the letter with thanks and communicate with the C.M.R. as suggested.

Adjourned till the following day at 10 o'clock.

Cape Town, Friday, February 23rd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,
„ Fismer,
„ Dodds.

Dr. Edington,
„ Herman.

The minutes of the previous meeting were read and confirmed.

Mr. W. E. Moore, Mr F. Rutherfoord, and Dr. Todd, were examined.

A letter from Sir T. Scanlen was read, enclosing one from Mr. G. Melle, dated the 17th inst., relative to leprosy in India.

The chairman stated that he had acknowledged Sir T. Scanlen's letter, and it was resolved to place Mr. Melle's name on the list of witnesses to be summoned.

Dr. Edington submitted a specimen of an alleged specific for leprosy received from Messrs. Loewenstein, of Johannesburg.

Resolved: To write to Messrs. Loewenstein asking for any particulars in their possession.

Letter read from the editor of the *Argus* newspaper, requesting permission for reporters to be present during the sittings of the Commission.

Resolved: That owing to the nature of the enquiry it was not at present desirable to admit the press, but the Commission would esteem it a favour if all publicity possible was given through the medium of the newspapers to a matter so largely affecting the public interests.

The question was raised by Dr. Edington as to the desirability of approaching the study of leprosy from a comparative standpoint (bacteriological and pathological.)

Discussion ensued on the recommendation of Dr. Edington, and for the purpose of obtaining control experiments, the following resolution was adopted:—

That the Commission give Dr. Edington authority to visit two or three places in Europe and elsewhere where leprosy obtains, for the purpose of acquiring material for conjoint examination with that obtainable in the Cape Colony.

After discussion it was resolved to annul the previous resolution by which the quorum was fixed at four members, and that it be reduced to three members.

Resolved: That the sub-committee visit Robben Island on Wednesday, the 28th inst., returning the same day, and that the Secretary be instructed to make the necessary arrangements, and communicate with Dr. Impey.

Resolved: That Dr. C. Smuts, of Stellenbosch, and Dr. Eyre, be summoned to give evidence on Monday, March 5th, and Dr. Impey, on Tuesday, March 6th.

Adjourned until Monday, the 26th inst., at 10 o'clock a.m.

Cape Town, Monday, February 26th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,
„ Fismer,
„ Herman,

Dr. Hoffman,
„ Edington.

The minutes of the previous meeting were read and confirmed.

Resolved: That a covering letter be forwarded by the Commission, in transmitting to the Government the resolutions passed in regard to the bacteriological and pathological study of leprosy to the following effect:—That the resolution was arrived at owing to the urgent representations of Dr. Edington, who stated to the Commission (1), That the Commission would lose his services in May next, inasmuch as he expected to proceed to England on leave on that date. (2), Under such circumstances he was willing to utilize a portion of his leave in pursuing the enquiry in England or elsewhere. (3), That therefore the Government would not be put to any additional expense, or very little. (4), That unless he were allowed to approach the question by first making "control experiments" in other countries, it would be impossible for him to approach the study of leprosy in this country with the hope of obtaining any satisfactory result. In the discussion which ensued, the desire was expressed that the study should be commenced here with the material which the leper asylum at Robben

Island affords. In view, however, of such statements emanating from Dr. Edington, as the Government Colonial Bacteriologist, and which were most strongly urged by him, and with due regard to economy, the Commission resolved to transmit for the information of the Government the resolution passed on the 23rd instant.

Resolved: That a copy of the foregoing be forwarded to the Government by the Chairman forthwith.

Letter from Dr. Cox, dated the 23rd inst., read, stating that previous to November, 1892, no record was kept of lepers in transit to Robben Island.

Resolved: That in view of the fact that a pathological and bacteriological enquiry is to instituted with regard to Robben Island lepers, the Commission would suggest that a third assistant be appointed on Robben Island, who should be permitted to act as assistant in the enquiry, and that a copy of this resolution be transmitted to the Government.

Resolved: That the Commission place itself in communication with the Committee of the National Leprosy Fund, with a view to ascertain if they are willing to co-operate in an investigation into the origin and spread of leprosy in South Africa, and that it be an instruction to the Chairman to communicate this.

Mrs. St. Leger and Dr. Kohler were examined.

Adjourned until Monday, March 5th, at 10 o'clock a.m.

Robben Island, Wednesday, February 28th, 1894.

[Meeting of Sub-Committee.]

PRESENT:

Dr. Edington (*Chairman*),

Dr. Fismer, | Dr. Hoffman.

The Chairman being unable to attend through indisposition, requested Dr. Herman to act for him. Dr. Herman, however, was also prevented from attending, and in his absence Dr. Fismer acted as a member of the sub-committee.

The members proceeded to Robben Island by the ordinary steamer at 10 o'clock a.m., and were occupied the whole day in taking the evidence of various officials, which it was resolved to submit to the Commission at its next sitting.

Cape Town, Monday, March 5th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman, | Dr. Dodds,
,, Fismer, | ,, Herman.

The minutes of the previous meeting were read and confirmed.

The evidence taken by the sub-committee on the 28th ultimo was submitted and ordered to be printed in the usual manner.

Letter from Messrs. Loewenstein of Johannesburg, dated February 27th, read, enclosing particulars of alleged specific for leprosy.

Resolved: That the same be acknowledged with thanks.

Dr. C. Smuts and Dr. Eyre were examined.

Dr. Smuts and Dr. Eyre having submitted accounts for attending to give evidence, it was resolved that the Chairman be requested to see the Under Colonial Secretary on the subject and report to the Commission.

Resolved: That the Government be requested to furnish the official report on Basutoland lepers.

Letter from the Rev. Mr. Leibbrandt read, submitting an extract from the report of the Robben Island Commission of 1862.

The Chairman intimated that he had written to Mr. Leibbrandt acknowledging the extract.

Adjourned till the following day at 10 o'clock a.m.

Cape Town, Tuesday, March 6th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman.
„ Fismer,

The minutes of the previous meeting were read and confirmed.

Dr. Impey was further examined.

The Chairman intimated that he had seen the Under Colonial Secretary on the subject of payment to non-official witnesses, and it was thought that the scale allowed by the Supreme Court to such witnesses would be fair and reasonable.

Resolved: That the Under Colonial Secretary be communicated with, with a view to obtaining official confirmation of this decision.

Letter from the Under Colonial Secretary, dated the 5th inst., read, stating that the Under Secretary for Agriculture had been requested to issue instructions to Dr. Edington, in accordance with the resolution of the Commission, relative to bacteriological investigations.

Resolved: That the following witnesses be summoned to give evidence for Friday, the 9th inst.:—Dr. Roux and Dr. Kohler, and Mr. and Mrs. Pavel; for Monday, the 12th inst., Rev. Mr. Dreyer, the R.M. of Cape Town, Dr. McCarthy, and Miss Sprigg; for Thursday, the 15th inst., the Rev. Mr. Watkins and the Rev. Mr. Morgan.

Adjourned until Friday, the 9th inst., at 10 o'clock a.m.

Cape Town, Friday, March 9th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman, | Dr. Fismer,
„ Herman, | „ Dodds.

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary, dated the 8th inst., read asking to be furnished with more precise information regarding the papers required in the case of Franz Jacobs, who died last year in the Old Somerset Hospital.

Resolved: That the matter stand over for the present.

Resolved: That Mr. Watson be requested to attend and give evidence on Monday, the 12th inst., and Mrs. Pouncey and Mrs. Green on Thursday, the 15th inst., and that the Resident Magistrate of Cape Town be asked what time he could attend and give evidence on Monday, the 12th inst.

Letter from the Under Colonial Secretary, dated March 8th, read, enclosing copy of a letter from Dr. Guild, of Kokstad, intimating that he would be glad to give evidence.

Resolved: To acknowledge the letter, and that Dr. Guild's name be placed on the list of witnesses to be examined.

Resolved: That the circular of questions drawn up by the Commission be published in the *Government Gazette* and in the *S. A. Medical Journal.*

Letters were read from Mr. N. Smit, enclosing one from his wife, complaining of detention on the island, and asking to be released.

Resolved: To acknowledge the letter, and to state that while the Commission fully sympathized with the case, it was beyond their power to grant the release of any patient, their functions being limited to making enquiry and reporting to Parliament, with which any decision would rest.

Resolved: That the Under Colonial Secretary be requested to furnish any papers with regard to the resignation of Mrs. Pavel, formerly a matron in the female leper ward.

Dr. Kohler, Mr. Pavel, and Mrs. Pavel were examined.

Adjourned until Monday, the 12th inst., at 10 o'clock a.m.

Cape Town, Monday, March 12th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Hoffman,
„ Fismer,	„ Herman.

The minutes of the last meeting were read and confirmed.

Letter from the Under Colonial Secretary, dated the 9th inst., read, stating that he had no information with reference to any report on Basutoland lepers.

Resolved: To inform the Under Colonial Secretary that the report alluded to was made by Dr. Savage to the authorities in Basutoland.

Letter from the Under Colonial Secretary read, enclosing one from the Agent General, dated January 23rd, 1894, relative to an offer of Mr. George Simms, of Oxford to place his services at the disposal of the Government for the treatment of leprosy.

Resolved: To acknowledge the letter and inform the Under Colonial Secretary that the matter should receive attention.

Resolved: That Dr. Stevenson, Dr. Kohler, the Rev. Mr. Nichols, and the Rev. Mr. Minnaar be requested to attend and give evidence on Friday the 16th inst.; Mr. Fuller, Mr. De Waal, and Dr. Clarke on the 19th, on Thursday the 22nd inst. Mr. Jones, Mr. Pereira, Mr. Moore, the water bailiff and the chief constable on Robben Island.

Resolved: To ask the Government for any letters of complaint on the subject of the drunkenness of attendants on Robben Island, and also the depositions made by Mr. Tappe, formerly barkeeper on the island, as to the drunkenness of certain officials, about October or November last, at Dr. Impey's office.

The Rev. Mr Dreyer, Dr. McCarthy, Mr. A. Combrink, Mr. Watson, and Mr. J. C. Faure were examined.

Resolved: That an advertisement be inserted in the *Cape Times*, *Cape Argus*, *Ons Land*, and *Volksbode* intimating that the Commission would be glad to take evidence from any persons able to afford information.

Adjourned until Thursday, the 15th inst., at 10 o'clock a.m.

Cape Town, Thursday, March 15th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Herman,
„ Hoffman,	„ Fismer.

The minutes of the previous meeting were read and confirmed.

Rev. Mr. Watkins, Rev. Mr. Morgan, Miss Sprigg, and Mrs. Pouncey were examined.

Resolved: That Mr. Moore, Mrs. Green, and Mr. Tappe be requested to attend and give evidence on Thursday the 29th inst.; Miss Dreyer on Friday the 16th inst.

A letter was read from Dr. Stevenson stating that he would be unable to attend and give evidence on Friday the 16th inst.

Resolved: That Dr. Stevenson be requested to attend and give evidence on Wednesday the 21st inst.

Letter from the Under Colonial Secretary, dated March 15th, read, relative to the payment to non-official witnesses.

Letter from the Under Colonial Secretary, dated 16th March, read, relative to the payment to professional official members of the Commission.

The Secretary having submitted certain queries from the Colonial Office in regard to the expenditure of the Commission, among others that all vouchers should be certified or countersigned by the Chairman, it was resolved that a letter be written to the Under Colonial Secretary asking him what responsibility attaches to the Chairman in countersigning such vouchers, and whether such proceeding is customary.

After some discussion, it was resolved that the Chairman be requested to interview the Attorney-General with reference to certain points in the evidence affecting the character of individuals on Robben Island.

Adjourned till the following day at 10 o'clock a.m.

Cape Town, Friday, March 16th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer, | Dr. Dodds.
,, Herman,

The minutes of the previous meeting were read and confirmed.

Dr. C. Kohler and the Rev. Mr. Nichols were examined.

The Chairman stated, with reference to the resolution adopted the previous day, that he had seen the Hon. Attorney-General with reference to charges brought by certain witnesses against some of the officials on Robben Island accusing them of drunkenness, that this evidence had been corroborated by Dr. Kohler, who represented the Free State Government in-so-far as the lepers from the Free State were concerned. Under these circumstances, he asked the Attorney-General what was the proper course for the Commission to adopt, so as to safeguard the interests of all concerned, as well as the persons accused. The Attorney-General advised that the Commission should take evidence on the points referred to, but that all evidence bearing upon defects in administration on the island should be submitted at once to the Government, with the request that they would investigate the charges, the Commission reserving to itself the right in their report of stating that they had drawn the attention of the Government to certain evidence which did not appear, but which had been transmitted to the Government. Were the Commission to recommend the dismissal of the officials concerned, they would be assuming to themselves judicial functions, and while the charges themselves might be correct, still it was a case in which evidence would have to be taken on the other side and the matter impartially tried. He therefore advised that the Commission call upon the Government to make an investigation at once into the charges, so that they could come to some conclusion.

Resolved: That a letter be addressed to the Hon. Attorney-General, thanking him for his advice and transmitting a copy of the above.

Adjourned until Monday, the 19th inst, at 11 o'clock a.m.

Cape Town, Monday, March 19th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Fismer,
,, Hoffman. | ,, Herman.

The minutes of the previous meeting were read and confirmed.

Resolved: That Dr. Silke and Dr. Hewat be requested to attend and give evidence on the 22nd inst., and Mr. Olsen and Mrs. Wagner on the 29th inst.

Mr. T. E. Fuller, Mr. D. C. de Waal and Dr. Clarke were examined.

A letter from the Hon. Attorney-General was read on the subject of the evidence adduced compromising certain officials on the island, and it was resolved that it be an instruction to the Secretary in transcribing the evidence to leave a blank where the name of any person accused occurred.

Adjourned until Wednesday, the 21st inst,. at 11 'clocok a.m.

Cape Town, Wednesday, March 21st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman,
,, Fismer. | ,, Hoffman.

The minutes of the previous meeting were read and confirmed.

The Secretary having asked for instructions with regard to writing out the evidence

where certain officials on Robben Island were compromised, it was resolved that the evidence be transcribed as given, but that where any names appeared blanks should be substituted, in terms of the resolution of the 19th inst. It was further resolved that a full report be subsequently furnished to the Government containing the names of the individuals concerned, with a request that an investigation be made.

A letter having been read from thirteen inmates on Robben Island, expressing dissatisfaction with the investigation instituted by the Government with regard to the condition of the meat, it was resolved that same be acknowledged, and that it stand over and be dealt with with other letters of complaint in connection with the administration of Robben Island.

The Chairman intimated that he had seen the Under Colonial Secretary with regard to the question of finance, who informed him that the counter signature of the Chairman involved no responsibility beyond certifying that such and such expenditure had been incurred; furthermore, that it would be preferable if the Secretary, before making any payments, submitted the vouchers to the Colonial Office.

Adjourned till the following day at 10 o'clock.

Cape Town, Thursday, March 22nd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Hoffman,
,, Herman,	,, Fismer.

The minutes of the previous meeting were read and confirmed.

Mr. Jones, Mr. Pereira, Miss Dreyer, Mr. Logan, Mr. Campbell, Mr. Hare, and Dr. Silke were examined.

A letter from the Under Colonial Secretary, dated March 22nd, was read on the subject of the proposed pavilion at Robben Island for non-leprous children.

Resolved: That a reply be sent to the Government to the effect that the Commission advise that the non-leprous children be removed to the mainland; that they be restored to their relatives, and in the case of those not having relatives other provision be made for them on the mainland; the Commission are of opinion that to separate these children from their mothers and retain them on the island would be a source of irritation and trial to the parents and increase the difficulty of administration; further, that a record embracing a full description of the present condition of such children, with special reference to the presence or absence of the early symptoms of leprosy, be kept, and that they be medically inspected from time to time.

Resolved: That letters be written to the Old and New Somerset Hospitals for particulars as to the cases of Elizabeth Hart and Ellen Waigel, who were patients there and alleged to have contracted leprosy through vaccination.

Resolved: That Frikie Arendse be summoned to give evidence on Thursday, the 29th inst., at half-past 11.

Adjourned to Thursday, the 29th inst., at 10 o'clock, a.m.

Cape Town, Thursday, March 29th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Dodds,
,, Fismer,	,, Herman.

The minutes of the previous meeting were read and confirmed.

Letters were read from Dr. Parsons and Mr. Needham of the New and Old Somerset Hospitals respectively, relative to the cases of Ellen Waigel and Elizabeth Hart, and stating that no records were available.

Letter from the Under Colonial Secretary was read, relative to the counter signature of vouchers by the Chairman.

The same was recorded, and the Secretary was instructed to act in accordance with the terms of the letter.

Letter from Col. Harris, dated the 24th inst., read, stating that steps had been taken for the distribution of the circular issued by the Commission.

Resolved: That the same be acknowledged with thanks.

Resolved: That a notice be inserted in the *Government Gazette* inviting any persons able to afford information to communicate with the Chairman of the Commission.

Letter read from the acting editor of the *Cape Times* offering to give space in that paper for reporting the proceedings of the Commission.

Resolved: That a similar reply be sent to that addressed to the editor of the *Cape Argus*.

Letter from Dr. Clark of Simon's Town read, offering to investigate certain cases of leprosy at Noordhoek provided his expenses were defrayed.

Resolved: That Dr. Clark be instructed to investigate the cases with special reference to contagion, heredity, and conditions of life generally.

Mrs. Green, Frikie Arendse, Gadea, Mr. Moore, Mr. Wagner, and Henry Lubi were examined.

Resolved: That a letter be written to Dr. Parsons, New Somerset Hospital, intimating that it had been stated that Ellen Waigel was an inmate for one year, some time between 1882 and 1889 and requesting further information.

Resolved: That the Commission visit Robben Island on Thursday, April 5th, for the purpose of taking further evidence.

Adjourned until Thursday, April 5th, at 9·30 a.m.

Cape Town, Tuesday, April 3rd, 1894.

PRESENT:

Dr. Murray, | Dr. Herman.

Special meeting for the purpose of taking the evidence of Henry Olsen, a patient in the New Somerset Hospital, who was alleged to be dangerously ill. Subsequently Dr. Murray and Dr. Herman visited the leper ward at the Old Somerset Hospital, and Dr. Cox and Mr. Needham were examined with reference to certain patients there—three of whom had been sent over to Robben Island and returned to the hospital as not suffering from leprosy, where they were kept in the same ward with a leprous patient.

Robben Island, Thursday, April 5th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman,
,, Fismer. | ,, Hoffman.

The Commission left the docks at 9.45 by special steamer, and on arrival at the island proceeded to make a careful inspection of the male and female leper asylums, for which purpose the members divided into two parties.

With reference to the female quarters, they first walked round the fence enclosing the compound, which did not appear to be of a very substantial nature or capable of affording much obstacle to would-be intruders, numerous gaps being observable here and there underneath where the sand had been scratched away. There was also an opening large enough to admit of a cart going through, the wire having been turned back on either side. Just outside the fence a coloured female patient was sitting with two young white children, one of whom appeared healthy but the other seemed to have developed the disease. After being accosted by the Commission she went in the direction of the beach with the children, where a male leper was sitting. The latrines on one side of the wards were very clean and well kept, but those on the other side were not in such a good condition, requiring more ventilation and cleanliness.

The Commission next inspected the several wards and interrogated several of the patients with the view of eliciting whether they had any complaints to make. In ward No. 8 there were 14 beds and in No. 6, 29 beds. With regard to the latter, although there were only four patients there at the time and all the doors and windows were open, the atmosphere was very close and the ventilation defective. The kitchen for the coloured female lepers was next inspected while the cooking operations were in progress. They

were preparing to serve dinner, the hour for which had been delayed some time on account of the inspection, and the ward attendants and patients were crowding in and out to remove the food which was being served out on plates without any attempt at accurate apportionment of rations. The kitchen was dirty and badly kept, and of the three boilers one was broken. In the day room the patients were having their dinner and the rations supplied seemed to be substantially good, consisting of a fair quantity of meat with potatoes, rice and beans. Such articles as knives, forks and spoons seemed to be lacking, one of the patients however admitting that she had thrown away her spoon as she did not want it. Some of the patients were eating their food on the floor. Outside in the compound close to the fence were several small parties cooking their food and eating it there. The kitchen for the white leper patients was visited, and it appeared comparatively clean, but not well appointed. In No. 5 ward were 43 beds, and in No. 3, 31 beds. The latter was the Free State leper patients' ward, and appeared to be particularly clean and neat, the patients also contrasting favourably with those in the other coloured wards. In No. 2 ward there were 22 beds, and in No. 1, 10 beds. While the Commission were visiting the wards they found a coloured man who, on being questioned, said he was a male patient and worked at the laundry, and was in the habit of visiting the female leper wards, where he had a relative. There was no supervision over this man, who was wandering about the ward quite freely. After leaving the female leper compound the Commission proceeded to a small building near the boat-house, and used for the purpose of examining patients on arrival. It was built of iron, about eight feet square, and the interior presented a very dirty and delapidated appearance, there being nothing but loose stones on the floor, while all the glass in the windows was broken, and in one corner there was a small heap of human excrement. The depositions of two other witnesses were taken here. Subsequently the old cemeteries were inspected.

On the male leper side, the steam laundry was first visited, which was found to be worked by an engineman and eleven paid patients. This wash-house has not been long open, and its organization is not yet complete; in completing it, it appears advisable to supplement the steam washing machines by a hydro-extractor, and to erect a drying chamber of some sort, as rainy weather must make it very difficult to cope with the large weekly washing, and to return the things properly dried. The patients were all busily employed, and considering the state of their hands, their work was most creditable. The patient in charge told us he had more work in hand than he could well manage, but one would think there are any number of unoccupied patients who could be induced to help in this and other work. Some trouble has been caused by vermin infected clothing being sent from the female wards mixed with other clothes; this matter obviously requires attention.

The male bathroom adjoins the laundry; here are six baths for coloured patients and two for white patients; the bathroom is apparently very little used, far too little used in fact, but it is a very comfortless place. It is advisable that it should be made much more comfortable and attractive, and it would be well to have a patient in charge of it to look after it; at present the hot water supply is drawn direct from the boiler; it would be better and safer to lead steam from the boiler to a tank containing water. The drain from the bathroom to the shore was not satisfactory, and needs ventilating, if not trapping.

They next visited the cottages occupied by the two private male patients, and the attendants' cottages, accommodating eight male attendants. The nurses' quarters are at present occupied by two nurses, the Dutch Church chaplain, and constables. They afterwards visited the second cottage set apart as quarters for the male attendants. The bedroom accommodation is satisfactory, but there is no mess-room or sitting-room. The attendants' mess is in the lepers' kitchen; their food is cooked here, and their vegetables are prepared for the cook by lepers, all which struck us as an arrangement that calls for speedy revision, being neither safe nor fair to the men. An attendants' mess-room with kitchen attached should be provided without delay, and it should be made large enough to serve as a comfortable sitting-room.

The hospital block (No. 1) is a well designed and constructed stone building. It consists of two wards; one is for 25 beds, all occupied, and under the care of Nurse Pouncey, two male attendants, and four patient ward helpers; the other ward is similarly officered, and is of the same size. The nurses' hours are 8 to 10.30, 11 to 1, and on alternate days 4 to 6. The attendants' hours are from 6.30 to 9, 10 to 1, and 3 to 5. There is one night attendant for the whole male establishment, and he comes on duty at 8 p.m. The nurses do not seem to have any duties as regards the meals, which are entirely under the charge of the male attendants, who also see to the scrubbing and cleaning of the wards. Hot water for baths for the bedridden has to be carried from the kitchen a considerable distance off. The ventilation is by Tobin's tubes, and outlets in the roof, and at the time of our visit the wards were fresh and well ventilated.

In none of the wooden wards is there proper provision for ventilation, and at night and on cold days when the windows are closed the ventilation must be very insufficient.

They inspected the kitchen, which we found clean and in good order. One cook and an under-cook, assisted by patients, have to do the cooking for over three hundred people. With the appliances at present at their command it is impossible to give that variety of properly cooked food that is essential in an institution of this character. Proper cooking apparatus should be provided.

The food seemed fair in quality and sufficient in quantity, though one or two complaints were made In one case there was a suspicion that the specimen shown had not been served out but had been made up from other plates. They saw the dinner served in ward 4; the solitary attendant was engaged cutting up the food in a side room, and there was very little order or method; many took their food in the dormitory and not in the day room. It must be difficult to supervise meals served up in so many different places at the same time, much more so than if the dining-rooms had been near the central kitchen. The same want of supervision was noticeable in the condition of some of the lavatories and bathrooms and in some of the wards. The day rooms were not as comfortable as they should be, they are bare, have no fire-place, no proper ventilation, and altogether one cannot be surprised that they are so little resorted to. It is of great importance that the patients should be attracted to these rooms during the day time, and increased comfort and brightness in their fittings would have this effect.

The cubical contents of the wards were not supplied, but some of them appeared overcrowded.

The white patients have a separate kitchen and cook; here are twenty-one patients and two attendants; no complaint was made here.

The Malay kitchen is in a very unsatisfactory condition.

A leper lunatic was seen who has been two years insane. His room is not properly ventilated, and his condition did not give the impression that much attention was paid to him.

The Commission adjourned until Monday, the 9th inst., at 10 o'clock a.m.

Cape Town, Monday, April 9th, 1894.

PRESENT:

Dr. Fismer (*Acting Chairman*),

Dr. Dodds,	Dr. Hoffman,
„ Herman	„ Murray.

In the absence of Dr. Murray, Dr. Fismer was appointed Acting Chairman. Subsequently Dr. Herman took the Chair. At a later stage of the proceedings Dr. Murray attended and took the Chair.

The minutes of the two previous meetings (ordinary meeting and the special meeting), were read and confirmed.

Mrs. Wagner, Mrs. Pavel, Mrs. Jansen, Mrs. Regensburg, Jan Arnoldus, Dora Hendriks, and F. Schweren were examined.

Letter read from Dr. Parsons stating that Ellen Waigel was a patient at the New Somerset Hospital under the care of Dr. Johnston for 139 days, who recorded her disease as cyanosis.

Letter read from Mrs. St. Leger with certain information regarding Robben Island.

Resolved: To acknowledge the same with thanks, the information to be embodied in Mrs. St. Leger's evidence.

Letter read from the Rev. Mr. Leibbrandt, with extract relative to leprosy in the East Indies.

Resolved: To acknowledge the same with thanks.

Letter read from Dr. Silke, relative to the case of Mrs. Hart.

Resolved: To acknowledge the same with thanks, and to add the information to the evidence already given.

Letter read from Dr. Todd, relative to the case of Jacob Fischer, who was sent over to the island suffering from bed sores.

Recorded, the particulars to be added to the evidence already given.

Resolved: That a letter be written to the district surgeon at Glen Grey, stating that the Commission had been informed by his predecessor, Dr. Collie, that there had been some leper families residing in that district for several generations, and requesting him to communicate with them on the subject.

Letter read from P. J. Pinto, a patient on Robben Island, with certain information as to his case.

Resolved: That he be examined when the Commission next visited the island.

Resolved: That a letter be addressed to the Under Colonial Secretary pointing out the necessity for despatch in the printing of the evidence.

Resolved: That Mr. E. M. Jackson be requested to attend and give evidence on Thursday, the 12th instant, at 10 a.m.

Adjourned until Thursday, the 12th inst., at 10 a.m.

Cape Town, Thursday, April 12th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Fismer,
,, Dodds.

The minutes of the previous meeting were read and confirmed.

Mr. E. M. Jackson was examined.

A letter was read from Mrs. Regensburg on the subject of her evidence, and it was resolved that she be further examined on certain points on Monday the 16th inst.

Letter read from Mr. W. Pavel, stating that he was correspondent for certain continental papers, and asking to be furnished with some of the evidence taken.

Resolved: That a similar reply be sent to that addressed to the editors of the *Cape Times* and *Cape Argus*.

Letter read from Mr. W. Pavel stating that he had certain charges of corruption to make in connection with the kit and equipment books on Robben island.

Resolved: That Mr. Pavel be examined on the matter, and that in the meantime the books in question be procured from the island after the Secretary had ascertained from Mr. Pavel the exact books that were required.

The Commission deliberated upon the form of clinical record to be adopted.

Adjourned till Monday, the 16th inst., at 10 o'clock a.m.

Cape Town, Monday, April 16th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman.
,, Fismer,

The minutes of the previous meeting were read and confirmed.

Mrs. Regensburg and Martha Gilian were examined.

It was resolved that the Chairman, with Dr. Dodds, proceed to the island on Wednesday, the 18th inst., for the purpose of procuring certain books, and making a further inspection.

Letter read from Dr. Silke relative to the case of Mrs. Hart.

Resolved: That Dr. Silke be communicated with with a view to obtaining further information.

Commission in deliberation regarding their report,

Resolved: That the Under Colonial Secretary be requested to furnish the Commission with the report of the official visitors to Robben Island for the month of March last.

Letter read from Rev. H. C. V. Liebbrandt enclosing certain extracts from the Rev. S. Lays, "Travels and Researches in Kaffraria, 1833" bearing upon the subject of leprosy.

Recorded.

Adjourned until Friday, the 20th inst., at 10 o'clock a.m.

Robben Island, Thursday, April 18th, 1894.

PRESENT:

Dr. Murray, | Dr. Dodds.

The members proceeded to the island by the ordinary steamer at 9.30 a.m. There were about 50 passengers on board, the majority of whom appeared to be visitors to the patients: also seven Kafir lepers who had come down from King William's Town. Proceeding first to the office of the medical superintendent, a request was made for the kit and equipment books mentioned by Mr. Pavel, an order for the production of which was given to Mrs. Dill and Mr. Fitch respectively. The members then went by trolly to the female leper asylum and the required books were obtained, the matron at the same time explaining the mode in which they were kept. Several of the patients were interviewed, and it being the dinner hour the food was inspected. Generally speaking it appeared to be inferior both in quantity and quality to that supplied on the occasion of the previous visit of the Commission, consisting for the most part of boiled rice and mutton, in which bone largely predominated.

At the male leper ward Mr. Fitch furnished certain other books relating to the kit and equipment, and gave information regarding the issue of clothing. Two of the patients were also examined, the evidence of one of these (Frantz Pinto) bearing upon the question of vaccination, and the other (Jan Oranje) upon the general treatment. The convict establishment was also inspected and found to be in very good condition, both as regards cleanliness and order, reflecting most creditably on the superintendent, Mr. Moore, who appeared to have his department thoroughly well in hand.

The remainder of the books referred to by Mr. Pavel were supplied by Dr. Impey at the head office, and altogether eleven books were brought over by the Commissioners to Cape Town.

Resolved: That Mr Pavel after being afforded an opportunity of inspecting the books, be examined regarding the same on Friday the 20th inst.

Cape Town, Friday, April 20th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Fismer.
" Dodds,

The minutes of the previous meetings were read and confirmed.

Dora Hendriks, Rev. P. Minnaar, Mr. Pavel and Mr. W. E. Moore were examined.

Letter read from the Under Colonial Secretary, transmitting a copy of the report made by Dr. Savage, relative to the proposed segregation of lepers in Basutoland.

Acknowledged with thanks.

Letter read from Dr. Silke with further information relative to Mrs. Hart's case.

Recorded.

Letter read from Dr. Park, district surgeon, Glen Grey, relative to leprosy in that district.

Recorded.

Resolved: That the Under Colonial Secretary be requested to furnish the Commission with an analysis of the well water on Robben Island as supplied to the patients at the present date; also the water in the tanks, together with a bacteriological examination of the same.

Resolved: That the Under Colonial Secretary be requested to furnish a census showing total population and live stock on Robben Island, a complete list of the staff, showing the leper attendants, such as nurses, cooks, washerwomen, &c.; rules and regulations governing the establishment and the duties of the several officials, cost of boat communication, cost of the island establishment generally, number of children and others attending school, regulations as to the employment of patients with rates of pay, regulations as to the distribution of clothing, bedding and furniture, diet scale, the number of leper officials and others discharged or resigned since the promulgation of the Act, with reason for same.

Resolved: That the Under Colonial Secretary be requested to furnish a report made by Dr. Todd, in or about October last, on a disturbance in the vicinity of the leper wards, when a guard on duty at the female leper asylum was assaulted.

Resolved: That the Under Colonial Secretary be requested to furnish a report made by Dr. Todd, bearing on the use of dagga in the male leper establishment, or any correspondence relating thereto either in the Colonial Office or the office of the medical superintendent on Robben Island.

Letter read from Dr. Johnston stating that the case of Ellen Waigel cannot have come under his care at the New Somerset Hospital as he was ill at the time.

Resolved to communicate again with Dr. Parsons on the subject.

Adjourned until Thursday, the 26th inst., at 10 o'clock.

Cape Town, Thursday, April 26th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer,	Dr. Dodds,
„ Hoffman,	„ Herman.

The minutes of the previous meeting were read and confirmed.

Mr. Graaff was examined.

Letter read from the Under Colonial Secretary forwarding report of the official visitors to Robben Island for the month of March, 1894, relating to the leper asylum.

Recorded.

Letter read from the Government Secretary, Bloemfontein, enclosing copy of Dr. Kohler's report on Free State lepers.

Recorded.

Resolved: That Dr. Impey be asked whether the meat sent to the island was sold along with other general articles and whether the meat for the patients was kept separate from that supplied to the staff.

Letter read from the Under Colonial Secretary relative to the actual and estimated expenditure of the Commission.

Resolved: To reply to the letter to the effect that the expenditure to the 30th of June, 1894, would be about £1,100, exclusive of printing and payment to the Secretary. At present the Commission were unable to give any estimate of their expenditure subsequent to the 30th of June, 1894, but they would take an early opportunity of doing so.

Resolved: That Dr. Greathead and Dr. Edington be communicated with to the effect that from the 21st of May next the Commission would hold daily sittings in order to consider their report, and requesting their attendance on that date.

Letter read from Dr. Parsons with further information relative to the case of Ellen Waigel.

Recorded.

Letter read from Dr. Todd relative to the supply of dagga to patients and other points.

Recorded.

The Chairman having called attention to an article in the *Cape Register* relative to the administration on Robben Island, it was resolved to summon the editor of that paper to give evidence on Friday the 27th inst.

Letters from Mrs. E. Peters and A Arnoldus, patients on Robben Island, read, stating their desire to return home.

Resolved: That replies be sent to the effect that the Commission were making enquiries, but that they had no authority to release any patient.

Commission in deliberation regarding their report.

Adjourned to the following day at 10 o'clock a.m.

Cape Town, Friday, April 27th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer,	Dr. Herman,
„ Dodds,	„ Hoffman.

The minutes of the previous meeting were read and confirmed.

Mr. J. Graham, Mr. D. Edwards and Mr. F. Cook were examined.

Letter from the Under Colonial Secretary read, stating that steps had been taken for the distribution of the circular issued by the Commission in Basutoland and Bechuanaland.

Letter from the Under Colonial Secretary read, transmitting copy of a précis relating to certain doubtful cases of leprosy on Robben Island.

Letter from the Under Colonial Secretary read, transmitting various returns called for by the Commission

Resolved: That a letter be written to Sister Henrietta, Carnarvon Hospital, Kimberley, enquiring whether it was true that certain nurses were sent from that institution to Robben Island to act as nurses in the leper wards, and if so, to request that their names and addresses be sent together with the reasons why they resigned their appointments.

Commission in deliberation on their report,

Resolved: That a letter be written to the Under Colonial Secretary urging despatch in the printing of the evidence, if an interim report was to be presented during the ensuing session.

Resolved: That a letter be written to the Under Colonial Secretary asking if the Commission could remain in undisturbed possession of the room they now occupied after the assembling of Parliament.

Adjourned till Monday, the 30th inst., at 10 a.m.

Cape Town, Monday, April 30th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Fismer.
„ Dodds, |

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read, transmitting copy of the report of the Natal Leprosy Commission and copy of Law No 16 of 1890 passed by the Natal Legislature, but not yet brought into operation.

Letter from Louisa Salmons, a patient on Robben Island, read, relative to her case.

Recorded.

Letter from Dr. Impey read relative to the meat supply on the island.

Recorded.

Letter from the Under Colonial Secretary read, relative to an alleged report on a disturbance in the vicinity of the leper wards, when a guard on duty was assaulted, to the effect that Dr. Todd had made no such report.

Resolved: That a letter be written to the Under Colonial Secretary to the effect that the enquiry was held by Mr. Jones, the magistrate, on the 26th of March last, and requesting to be furnished with a copy of the record.

Resolved: That the Secretary be instructed to procure a copy of the report of the Select Committee on the petition of Dr. W. J. Visser.

Resolved: That letters be written to the Under Colonial Secretary and Dr. Impey asking for certain returns relating to the Robben Island establishment.

Mr. E. A. Mamwell was examined.

Commission in deliberation regarding their report,

Adjourned until Friday, May 4th, at 10 o'clock.

Cape Town, Friday, May 4th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Fismer.
„ Herman, |

The minutes of the previous meeting were read and confirmed.

Letter read from Mrs. R. Rogers, a patient on Robben Island, relative to her case.

Recorded.

Letter read from Sir Somers Vine, Hon. Secretary of the National Leprosy Fund, acknowledging receipt of the letter transmitted by the Commission, and stating that the National Leprosy Fund practically ceased active operations with the issue of the reports of its special commissioners in India, but the Executive Committee of the fund at its last meeting directed that the balance of the fund (between £600 and £700) should be handed to the Leprosy Investigation sub-committee, £200 to be spent on the prosecution of further investigations, and the remaining £500 towards the encouragement of local research in regard to the disease.

Recorded.

Letter from certain lepers in No. 5 ward on Robben Island read, complaining that some of the children were affected with phthiriasis, and further, that no notification of deaths or serious illness was given to the relatives of patients.

Resolved: To acknowledge the letter and communicate with Dr. Impey on the subject.

Letter read from Miss M. H. Watkins of the Carnarvon Hospital, Kimberley, giving the addresses of certain nurses who had been engaged on Robben Island and had subsequently resigned.

Resolved: To address the nurses in question and ask them the reason why they resigned and other details.

Mr. F. Humphries was examined.

Resolved: That Mr. P. Nightingale and Dr. Dixon be requested to attend and give evidence on Monday, the 7th inst.

Resolved: That Dr. Impey be requested to furnish certain returns relative to vaccination and lunatic lepers on Robben Island.

Adjourned until Monday, the 7th inst., at 10 o'clock.

Cape Town, Monday, May 7th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman, | Dr. Dodds.
,, Fismer, |

Minutes of the previous meeting were read and confirmed.

Mr. P. Nightingale and Dr. Dixon were examined.

A copy of an open letter addressed to the President of the Select Committee of the Upper House, and signed by Dr. Visser, formerly one of the medical officers on Robben Island, was read.

Recorded.

Letter from the Under Colonial Secretary read on the subject of a room in which the Commission could meet after the assembling of Parliament.

Resolved: That the Chairman consult the Under Colonial Secretary on the subject.

Letter from the Under Colonial Secretary read, stating that the Colonial Secretary wished to be afforded an opportunity of consulting the Commission on certain points connected with the enquiry, and requesting to be informed when the next meeting would be held.

Acknowledged.

The Commission deliberated on their report.

Adjourned till Friday, the 11th inst., at 10 a.m.

Cape Town, Friday, May 11th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Fismer.
,, Herman, |

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read, forwarding copies of two certificates granted by Dr. Davies on the subject of leprosy, received from the Government Secretary, Bloemfontein.

Recorded.

Letter from the Under Colonial Secretary read, forwarding certain statistics, specially printed on cards, relating to the lepers on Robben Island.

Letter read from Dr. Impey, stating that it was his custom to personally write to inform the friends of the death of every patient who died in the asylum, and whenever possible he also informed the friends of the dangerous illness of any of the patients.

The Hon. Mr. Faure, Colonial Secretary, had an interview with the Commission by appointment, and having referred to the somewhat voluminous nature of the evidence, urged the necessity for condensation in view of the printing and other expenses. The question of finances generally was also discussed.

Resolved: That a letter be written to the Government, intimating that the question of finance should receive immediate consideration when all the members of the Commission were present, which would be on the 21st inst.

It was also resolved that all the evidence not already printed be obtained from the printers, with the object of perusing the same and seeing in how far it could be condensed.

The Commission, after considering the matter, resolved that under all the circumtances it was not practicable to curtail the evidence, but to have it published as furnished to the printers, a letter to this effect to be written to the Colonial Secretary.

The Commission deliberated upon and finally approved the printed form of clinical record, and it was resolved that 1,000 copies be struck off.

Resolved: That Dr. Impey be requested to attend and give evidence on Wednesday, the 16th inst., and Mr. H. de Smidt on the 18th inst.

Adjourned until Wednesday, the 16th inst., at 10 a.m.

Cape Town, Wednesdy, May 16th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman.
,, Fismer, |

The minutes of the previous meeting were read and confirmed.

Dr. Impey was further examined.

Adjourned until Friday, the 18th inst., at 10 a.m.

Cape Town, Friday, May 18th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman.
,, Fismer, |

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read relative to the progress made with the printing of the evidence.

Recorded.

Letter from the Under Colonial Secretary read transmitting analysis of water on Robben Island.

As it appeared from the letter that the tanks were exhausted, it was resolved to ask the Government whether the patients were being supplied with water from the wells, and if not, where the water was obtained from, and what precautions were taken to prevent disease.

Letters from Miss Williams, Miss Cloete, and Miss Saul, nurses at the Kimberley Hospital, read, making certain suggestions.

Resolved: To communicate with Miss Williams and enquire why the nursing had not been successful on Robben Island.

Letter read from Thys Samuels relative to his wife, a patient on Robben Island.

Referred to Dr. Impey for report.

The Under Colonial Secretary and Mrs. Wilson were examined.

Adjourned until Monday, the 21st inst., at 10 o'clock.

Cape Town, Monday, May 21st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds,	Dr. Fismer,
„ Herman,	„ Greathead.

The minutes of the previous meeting were read and confirmed.

Letter read from the Under Colonial Secretary on the subject of certain returns asked for by the Commission.

Resolved: To ask for a list of those persons living in different parts of the Colony who have been notified to the Government as lepers, but notwithstanding this have not been removed to Robben Island; a list of the rules and regulations, if any, laid down for patients isolated in their own homes, also the conditions under which Mr. M***** of the Paarl was discharged from the island.

Letter read from Dr. Impey, forwarding certain returns.

Letter read from Miss Foster, Durban, relative to the nursing arrangements on Robben Island.

The Commission deliberated upon their report.

Adjourned till the following day at 10 o'clock a.m.

Cape Town, Tuesday, May 22nd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman,	Dr. Dodds,
„ Fismer,	„ Greathead.

The minutes of the previous meeting were read and confirmed.

Letter read from Dr. Impey relative to the case of Mrs. Samuels, a leper patient.

Letter read from Dr. Impey, forwarding certain returns.

Letter read from the Under Colonial Secretary, forwarding certain returns.

Letter read from Mr. Fowler, gaoler, Herschel, on the subject of the transport of certain lepers by rail from that place.

The Commission deliberated on their report.

Adjourned to the following day at 10 o'clock a.m.

Cape Town, Wednesday, May 23rd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer.	Dr. Greathead.
„ Dodds.	„ Herman.

The minutes of the previous meeting were read and confirmed.

With reference to an application from Mr. Cobbin for some further remuneration in connection with despatching the circular drawn up by the Commission, it was resolved that he be paid £1 10s. in addition to the £5 already paid, in full discharge of the account.

Letter read from two brothers Cornelissen of the Paarl asking that their mother, a patient on Robben Island, over 70 years of age, might be liberated.

Resolved: To acknowledge the letter and state that the Report of the Commission would shortly be presented to Parliament.

The Commission deliberated upon their report.

Adjourned till the following day at 11 o'clock a.m.

Cape Town, Thursday, May 24th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Edington,	Dr. Herman,
,, Greathead,	,, Dodds.
,, Fismer,	

The minutes of the previous meeting were read and confirmed.

Resolved: That a letter be written to the Rev. Mr. Watkins, chaplain on Robben Island, asking for information concerning a petition to Parliament from the leper patients which he was alleged to have initiated.

The Commission deliberated upon their report.

Adjourned till the following day at 10 o'clock.

Cape Town, Friday, May 25th, 1894.

PRESENT:

Dr. Murray (*President*),

Dr. Hoffman,	Dr. Greathead,
,, Dodds,	,, Edington.
,, Fismer,	

The minutes of the previous meeting were read and confirmed.

Letter read from the Under Colonial Secretary on the subject of leprosy in the Free State.

The Commission deliberated upon their report.

Cape Town, Saturday, May 26th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Edington,	Dr. Dodds,
,, Fismer,	,, Greathead.
,, Hoffman,	

The minutes of the previous meeting were read and confirmed.

Letter read from the Under Colonial Secretary, in reply to one from the Commission relative to complaints from lepers on the subject of the drunkenness of attendants on Robben Island.

Resolved:—That the correspondence be printed in the appendix to the report.

The Commission deliberated upon their report.

Adjourned till Monday, the 28th inst., at 10 o'clock a.m.

Cape Town, Monday, May 28th, 1894.

PRESENT:

Dr. Greathead (*acting Chairman*),

Dr. Hoffman,	Dr. Edington,
,, Fismer,	,, Dodds.

In the absence of Dr. Murray, Dr. Greathead took the chair.

The minutes of the previous meeting were read and confirmed.

Letter from the Rev. Mr. Watkins read relative to petition to Parliament from lepers on Robben Island.

The Commission deliberated upon their report.

Adjourned till the following day at 10 o'clock.

Cape Town, Tuesday, May 29th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. EDINGTON,	Dr. FISMER,
,, GREATHEAD,	,, DODDS.
,, HOFFMAN,	

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Wednesday, May 30th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HOFFMAN,	Dr. GREATHEAD,
,, EDINGTON,	,, DODDS.
,, FISMER,	

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read transmitting a report on the examination of tank water on Robben Island.

Letter from the Under Colonial Secretary read, intimating that certain works on the subject of leprosy had been forwarded for the use of the Commission.

Letter read from the Under Colonial Secretary transmitting certain papers relative to the resignation of Mrs. Pavel.

Letter read from Mr. Pavel relative to certain evidence, in which his name was involved, and asking for permission to give an explanation.

Resolved: That the evidence in question be sent to Mr. Pavel, and that he be invited to give any explanation he desired in writing.

The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Thursday, May 31st, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HOFFMAN,	Dr. GREATHEAD,
,, EDINGTON,	,, FISMER.

The minutes of the last meeting were read and confirmed.

Letter from the Under Colonial Secretary read relative to estimated expenditure of the Commission to the 30th of June, 1894, and also for the financial year ending June 30th, 1895.

Resolved: That the information be furnished as far as practicable, the estimated expenditure for the financial year ending June 30th, 1895, being put down at £2,900, inclusive of printing and secretarial expenses.

The evidence forwarded to Mr. Pavel was received from him without any alteration and unaccompanied by any remarks.

The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Friday, June 1st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Dodds,
,, Greathead,	,, Edington.
,, Fismer,	

The minutes of the previous meeting were read and confirmed.

Letter read from Miss G. Williams, of the Kimberley Hospital, relative to the alleged failure of the nursing work on Robben Island.

The Commission in deliberation regarding their report.

Adjourned till the following day at 10 o'clock.

Cape Town, Saturday, June 2nd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Fismer,
,, Greathead,	,, Edington.

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary relative to the examination of Dr. Guild.

Resolved: That due notice would be given when the Commission were ready to examine Dr. Guild.

With reference to an application from Dr. Kohler for payment of £3 3s. for time bestowed in looking up authorities in connection with his evidence, it was resolved that the claim could not be allowed.

The Commission deliberated upon their report.

Adjourned till Monday, the 4th inst., at 10 o'clock.

Cape Town, Monday, June 4th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Greathead,
,, Dodds,	,, Edington,
,, Fismer,	,, Herman.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon the appendix to be published with the evidence.

Resolved: That the report, minutes of proceedings and appendices be printed in one volume and the minutes of evidence in another.

Resolved: That copies of the clinical record drawn up by the Commission be forwarded to the Under Colonial Secretary and Dr. Impey, with a recommendation that it be generally adopted throughout the Colony.

The Commission deliberated upon their report.

Adjourned till the following day at 10.30 a.m.

Cape Town, Tuesday, June 5th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Herman,	Dr. Fismer,
„ Hoffman,	„ Dodds.
„ Greathead,	

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Adjourned till the following day at 10 a.m.

Cape Town, Wednesday, June 6th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Greathead,	Dr. Herman,
„ Fismer,	„ Dodds,
„ Hoffman,	„ Edington.

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Thursday, June 7th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Greathead,	Dr. Fismer,
„ Edington,	„ Dodds,
„ Hoffman,	„ Herman.

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Resolved: That two members form a quorum.
Adjourned till the following day at 10 o'clock.

Cape Town, Friday, June 8th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman,	Dr. Herman,
„ Dodds,	„ Fismer.

The minutes of the previous meeting were read and confirmed.
Letter read from Mr. P. Gower, Robben Island, relative to a certain statement made regarding him by Mr. Mamwell in his evidence.
Acknowledged.
Letter read from Dr. Impey on the same subject.
Acknowledged.
The Commission deliberated on their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Saturday, June 9th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman, | Dr. Herman.
„ Fismer, |

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Adjourned till Monday, the 11th inst., at 10 a.m.

Cape Town, Monday, June 11th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Hoffman.
„ Herman, |

The minutes of the previous meeting were read and confirmed.

Letter read from Dr. Impey, relative to engaging extra clerical assistance in order to furnish the returns asked for.

Resolved: That Dr. Impey be requested to state how long the work was likely to take, as unless furnished within a day or two, the information would not be of much use, seeing that the Commission were now framing their interim report.

The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Tuesday, June 12th, 1894.

PRESENT:

Dr. Murray (*Chairman*).

Dr. Hoffman, | Dr. Fismer,
„ Herman, | „ Dodds.

The minutes of the previous meeting were read and confirmed.
The Commission deliberated upon their report.
Adjourned till the following day at 10 o'clock.

Cape Town, Wednesday, June 13th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffmann, | Dr. Dodds.
„ Fismer, |

The minutes of the previous meeting were read and confirmed.

Letter read from the Under Colonial Secretary, with list of official visitors, which it was resolved to print in the Appendix.

Letter read from Dr. Impey on the subject of water supply, also to be printed in the Appendix.

Resolved: That a letter be written to the Colonial Secretary with regard to the strictest privacy being preserved in connection with the printing of the report, and stating that only eight proofs were to be struck off and sent to the Commission for revision; also that a letter to the same effect be addressed to the Government printers.

Letter read from Fitz Diedericks, a patient on the island, in reference to his case and praying that he might be liberated.

Resolved: To acknowledge the letter, and state that the report of the Commission would very shortly be presented to Parliament.

The Commission deliberated upon their report.

Adjourned till the following day at 10 o'clock.

Cape Town, Thursday, June 14th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. DODDS, | Dr. HERMAN.
,, FISMER,

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 11 o'clock.

Cape Town, Friday, June 15th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. FISMER, | Dr. HERMAN.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 11 o'clock.

Cape Town, Saturday, June 16th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HERMAN, | Dr. FISMER.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till Monday, the 18th instant, at 11 o'clock.

Cape Town, Monday, June 18th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HERMAN, | Dr. FISMER.
,, DODDS,

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read, forwarding copy of the first report by Dr. Gregory upon the sanitation of Robben Island.

Resolved: That the same be printed in the Appendix.

Letter from the Under Colonial Secretary read, forwarding return relative to the cost of boat communication.

Resolved: That the same be printed in the Appendix.

Letter from the Under Colonial Secretary read, enquiring whether the Commission was satisfied with the manner in which the printing of the evidence had been performed.

Resolved: To reply in the affirmative.

The Commission deliberated upon their report.

Resolved: That in view of the report being urgently required, the Government should be requested to authorise the printers to use extra expedition.

Adjourned till the following day at 12 o'clock.

Cape Town, Tuesday, June 19th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer, | Dr. Herman.
,, Dr. Dodds, |

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 10·30.

Cape Town, Wednesday, June 20th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 10·30.

Cape Town, Thursday, June 21st, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 10·30.

Cape Town, Friday, June 22nd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds, | Dr. Herman.
,, Fismer, |

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 10·30.

Cape Town, Saturday, June 23rd, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Dodds.

The minutes of the previous meeting were read and confirmed.

The Committee deliberated upon their report.

Letter from the Under Colonial Secretary read on the subject of the distribution of the printed Minutes of Evidence simultaneously with the report, and also with reference to certain documents asked for by the Commission on the 12th March.

Resolved: To acknowledge the letter and, express regret that the documents asked for could not be furnished

Adjourned till Monday, the 25th inst., at 10 o'clock.

Cape Town, Monday, June 25th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Fismer, | Dr. Herman.

The minutes of the previous meeting were read and confirmed.

Letter from Under Colonial Secretary read, forwarding a return of the takings at the Restaurant on Robben Island.

Resolved: That the same be printed in the Appendix.

Letter from the Under Colonial Secretary read, forwarding certain papers on leprosy received from the Secretary of State.

Resolved: To acknowledge the letter, and convey to the Imperial Colonial Office the thanks of the Commission for the trouble taken to obtain the documents in question.

The Commission deliberated upon their report.

Adjourned till the following day at 12 o'clock.

Cape Town, Tuesday, June 26th, 1894.

PRESENT:

Dr. Murray (*Chairman*),

Dr. Hoffman, | Dr. Fismer.
,, Herman, |

The minutes of the previous meeting were read and confirmed.

Letter read from the Under Colonial Secretary relative to the copy of a clinical record for use in cases of leprosy, which had been adopted by the Commission, and stating that district surgeons would be asked to fill in the statements in regard to every leper certified under the Leprosy Act in future.

Letter read from the Under Colonial Secretary on the subject of bacteriological investigations in connection with the work of the Commission, and asking whether they had any further suggestions to offer.

Resolved: To acknowledge the letter. and state that at the present stage the Commission had no further suggestions to offer.

The Commission deliberated upon their report.

Adjourned till the following day at 11 o'clock.

Cape Town, Wednesday, June 27th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HERMAN, | Dr. FISMER.

The minutes of the previous meeting were read and confirmed.

Letter from the Under Colonial Secretary read enclosing a copy of a communication from the Agent-General to the effect that the evidence taken by the Indian Leprosy Commission was of a private nature, and had, therefore, not been printed.

The Commission deliberated on their report.

Adjourned till the following day at 11 a.m.

Cape Town, Thursday, June 28th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. FISMER.

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Adjourned till the following day at 11 o'clock.

Cape Town, Friday, June 29th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HOFFMAN, | Dr. HERMAN.
,, FISMER, |

The minutes of the previous meeting were read and confirmed.

The Commission deliberated upon their report.

Letter read from the Under Colonial Secretary to the effect that the report of the Commission could be presented in printed form, provided the same was authenticated by signature.

Adjourned till the following day at 10 o'clock.

Cape Town, Saturday, June 30th, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. HERMAN, | Dr. FISMER.

The minutes of the previous meeting were read and confirmed.

The draft report was brought up by the Chairman and adopted.

Adjourned till Monday, July 2nd, at 10 o'clock.

Cape Town, Monday, July 2nd, 1894.

PRESENT:

Dr. MURRAY (*Chairman*),

Dr. FISMER, | Dr. HERMAN.

The minutes of the previous meeting were read and confirmed.

Resolved: That the Chairman be requested to sign the report on behalf of the Commission and transmit the same to the Government.

Adjourned *sine die.*

CHARLES F. K. MURRAY, M.D. M.CH., F.R.C.S.I.,
Chairman.

APPENDIX TO REPORT

OF THE

LEPROSY COMMISSION.

NOTE.

Statutes of India and Extracts from Netherlands' Placcaten (page 32).—Subsequently to the evidence being given, it was considered not necessary to publish these.

Precis of Evidence taken in 1862 (page 40).—The same remark applies.

Extracts from Work of Rev. Valentyn on "Old and New East India" (page 40).—The same remark applies.

Letter from Moravian Missionary at Genadendal (page 41).—The same remark applies.

APPENDIX TO REPORT

OF THE

LEPROSY COMMISSION.

PROCLAMATION BY HIS EXCELLENCY SIR HENRY BROUGHAM LOCH.

Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Knight Commander of the Most Honourable Order of the Bath, Governor and Commander-in-Chief of Her Majesty's Colony of the Cape of Good Hope in South Africa, and of the Territories and Dependencies thereof, and Her Majesty's High Commissioner, &c., &c., &c.

Whereas by the Eighty-fifth Article of the Ordinance for constituting a Parliament for the Colony of the Cape of Good Hope, it is enacted that the Governor of the said Colony shall cause every Act of the Parliament so constituted, which he shall have assented to in Her Majesty's name, to be printed in the *Government Gazette* for general information, and that such publication, by such Governor, of any Act of the said Parliament shall be deemed to be in law the promulgation of the same: Now, I do hereby proclaim, declare, and make known that the Act numbered 8, of the year 1884, printed in this *Gazette*, is hereby promulgated.

GOD SAVE THE QUEEN!

Given under my hand and the Public Seal of the Colony of the Cape of Good Hope, this 16th day of May, 1892.

HENRY B. LOCH,
Governor.

By Command of His Excellency the Governor in Council,
J. W. SAUER.

No. 160, 1892.

Act No. 8 of 1884.] [Promulgated 17th May, 1892.

ACT TO CHECK THE SPREAD OF THE DISEASE KNOWN AS LEPROSY.

[Assented to 11th July, 1884.]

Whereas the disease of Leprosy is prevalent in this Colony and has lately been spreading and continues to spread; and it is desirable to check the extension of such disease and, if possible, to exterminate it: Be it therefore enacted by the Governor of the Cape of Good Hope, by and with the advice and consent of the Legislative Council and House of Assembly thereof, as follows:—

1. Whenever it shall be certified to the Governor by the district surgeon of any district, or by any other duly qualified medical practitioner, and by a field-cornet or justice of the peace, that any person is suffering from the disease known as leprosy, and that the fact of such person being at large is likely to spread such disease, the Governor may, by warrant under the hand of the Colonial Secretary or Under Colonial Secretary, order that such person shall be removed to such asylum or hospital as he shall appoint, to be there detained during the Governor's pleasure, and kept apart from contact with all other inmates of such asylum or hospital who are not afflicted with the same disease: Provided, always, that every such person, while so detained, shall have the liberty and

privilege of seeing his friends and legal advisers at all reasonable times under such regulations in force for the time being, as the Governor may provide in that behalf.

2. Every asylum or hospital in which males shall be detained under the provisions of this Act shall be separated entirely from any asylum or hospital in which females shall be detained.

3. When any person shall be detained under the provisions of this Act the maintenance of such person shall, until further provision be made therefor, be defrayed out of the colonial revenues: Provided, always, that all sums so paid may be recovered from the estate, if any, of such person, or from any person or persons liable by law to contribute towards the maintenance of such detained person, by the civil commissioner of the district in which such estate is situate, or in which the person or persons so liable shall reside.

4. Notwithstanding the provisions of the last preceding section, it shall be lawful for the superintendent or keeper of any such hospital or asylum, in all cases in which a person detained under the provisions of this Act shall be possessed of sufficient means to defray the expense of maintenance in any such hospital or asylum, to make a special agreement with such person for his maintenance while so detained.

5. All district surgeons and medical officers shall give any information which may be required in regard to the disease referred to in this Act by the local authority appointed under the "Public Health Act, 1883," or by any resident magistrate, and shall be bound to attend to or inspect any case, or report on any matter relative to this Act, and every such surgeon or medical officer shall be entitled to charge and receive from such local authority or otherwise such reasonable fee as the Governor shall by any regulation in that behalf provide for each certificate required together with some reasonable amount for travelling expenses as such regulation shall prescribe.

6. The Governor may from time to time, make, alter, and amend such regulations as he may deem to be advisable for the better and more effectually carrying out the provisions of this Act.

7. This Act may be cited as the "Leprosy Repression Act, 1884."

GOVERNMENT NOTICE.—No. 519, 1892.

Colonial Secretary's Office,
Cape of Good Hope, 18th May, 1892.

His Excellency the Governor, with the advice of the Executive Council, has been pleased to issue the following General Regulations under the provisions of the "Leprosy Repression Act, 1884."

J. W. SAUER,
Colonial Secretary.

LEPROSY REPRESSION ACT, 1884.

General Regulations.

1. It shall be the duty of every field-cornet and police constable forthwith to report to the Resident Magistrate of the District the existence of any case of leprosy which may come to his knowledge.

2. No person shall wilfully obstruct or interfere with any District Surgeon or Medical Officer in the execution of his duty under the provisions of the "Leprosy Repression Act, 1884."

3. Every leper sent to an Hospital or Asylum shall be accompanied there by an attendant of his or her own sex.

4. Every District Surgeon or Medical Officer shall be entitled to a fee of ten shillings and sixpence for each certificate required to be furnished under the provisions of this Act.

5. Every District Surgeon or Medical Officer shall be entitled to travelling expenses at the rate of seven shillings and sixpence for every six miles of distance travelled, for every journey undertaken for the purposes of this Act, in the case of a District Surgeon when such journey extends beyond six miles of the seat of Magistracy, and in the case of a Medical Officer other than a District Surgeon for the whole distance travelled from his residence.

GOVERNMENT NOTICE.—No. 1157, 1893.

Colonial Secretary's Office, Cape Town,
Cape of Good Hope, 29th November, 1893.

His Excellency the Governor, with the advice of the Executive Council, has been pleased to issue the following additional General Regulation under the provisions of the "Leprosy Repression Act, 1884."

P. H. FAURE,
Colonial Secretary.

LEPROSY REPRESSION ACT, 1884.

Additional General Regulation.

6. Any Resident Magistrate to whom a warrant, under the provisions of this Act, for the removal of a Leper is addressed, may endorse the same for service by any other Resident Magistrate, and such last named Resident Magistrate may execute such warrant so endorsed in the same manner as if it had been originally addressed to him.

GOVERNMENT NOTICE.—No. 520, 1892.

Colonial Secretary's Office,
Cape of Good Hope, 18th May, 1892.

His Excellency the Governor, with the advice of the Executive Council, has been pleased to issue the following Regulations for the Leper Hospital on Robben Island, under the provisions of the "Leprosy Repression Act, 1884."

J. W. SAUER,
Colonial Secretary.

LEPROSY REPRESSION ACT, 1884.

Rules for Leper Hospital.

Robben Island.

1. European or white patients shall be accommodated in wards apart from native or coloured patients. All patients shall, as far as possible, be classified according to the stage of the disease.

2. In case of serious illness or death, notice shall at once be sent to the nearest relative by the Medical Officer.

3. No person shall be allowed to enter any ward set apart for lepers or to visit a leper without previously obtaining the written permission of the Medical Officer in charge, which must be handed to the attendant or nurse in charge who shall, if the Medical Officer deem it advisable, accompany the visitor; provided, however, that every leper shall be permitted to see his legal adviser privately.

4. The Medical Officer in charge shall have the right to refuse permission to any person to enter the leper wards, or visit a leper if he thinks fit.

5. All lepers who are able to do so must see visitors in the day room.

Those who are confined to their beds or are unable to walk may see visitors in the dormitory.

6. No person shall give or cause to be given to any leper without the sanction of the Medical Officer in charge any spirits, wine, beer, or other intoxicating liquor.

7. Any visitor creating a disturbance or behaving in a disorderly manner or in any way misconducting himself in the leper hospital shall be summarily expelled therefrom.

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,

.....

Leper.....Warrant for removal, forwarding.

SIR,—With reference to your letter No. .....dated.....
I am directed to return the Certificates enclosed by you, relating to the leper and to forward herewith.....
issued by command of His Excellency the Governor, under the provisions of the "Leprosy Repression Act, 1884," for the removal of the said.....
.....to the Robben Island Leper Asylum.

The enclosed documents should all be sent with the patient on removal.

Your attention is invited to the instructions given in Circular No. 18 of 1892, as to the disposal of lepers on arrival at Cape Town.

I have the honour to be,
Sir,
Your obedient Servant.

.....
Under Colonial Secretary.

The Resident Magistrate,
.....

Circular No. 18, 1892.]

Colonial Secretary's Office,
Cape of Good Hope,
16th April, 1892.

LEPERS FOR ROBBEN ISLAND—DISPOSAL ON ARRIVAL AT CAPE TOWN.

SIR,—I am directed to inform you that whenever you are authorized to send lepers from your District to the Robben Island Infirmary, such lepers should be taken immediately on arrival at Cape Town by those in charge of them to the Old Somerset Hospital, whence they will be sent on to the island as opportunity occurs.

Full instructions to this effect should be given to the persons in charge of the lepers, and the Surgeon in charge, Old Somerset Hospital, should be advised when they will reach Cape Town, so that if necessary some one may be sent to meet them at the Railway Station.

I have the honour to be,
Sir,
Your obedient Servant,

HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates.

Circular No. 19, 1892.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
3rd May, 1892

PATIENTS SENT TO ASYLUMS AND HOSPITALS—FITNESS FOR REMOVAL.

SIR,—Cases having occurred in which Patients forwarded to Asylums and Hospitals have been received in a condition of health proving them to have been unfit to make the journey, I am directed to instruct you that in no case should

Lunatics, Lepers or other Patients be forwarded to Asylums or Hospitals unless the District Surgeon has certified them fit for removal in terms of the form of Certificate contained in the accompanying Book.

This Certificate shall be forwarded with the Patient to the Medical Officer in charge of the Institution to which he or she is sent.

I have the honour to be,
Sir,
Your obedient Servant,

HENRY DE SMIDT.
Under Colonial Secretary.

To all Resident Magistrates.

Circular No. 21, 1892.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
11th May, 1892.

LEPROSY REPRESSION ACT, 1884.

Sir,—In acquainting you that it is intended to promulgate the "Leprosy Repression Act, 1884," on the 17th instant, I am directed to invite your special attention to the provisions of the first section of the Act, detailing how persons suffering from Leprosy are to be dealt with.

On receipt of the Certificates required to be furnished by the District Surgeon, or other duly qualified medical practitioner, and Field-cornet or Justice of the Peace, it will be your duty to submit them *without delay* to this office, giving at the same time the fullest particulars ascertainable regarding each case. Should the patient be possessed of property or other means, the fact should be stated; if not, a certificate of poverty should be attached. On receipt of the required certificates, the necessary steps will be taken with a view to the issue of the Governor's warrant for the removal of the patient to the Hospital on Robben Island. I need hardly remind you that in no case should the patient be removed until you have received the warrant, which should then be forwarded with the patient to the hospital.

It is desirable that the most pronounced cases of leprosy should be dealt with first, and I would here remark how necessary it will be to exercise great care in the certification of cases. Should there be any doubt as to the nature of the disease, the opinion of a second medical practitioner should be obtained.

I am, moreover, to impress upon you the expediency of exercising discretion so as to avoid all possible harshness in the application of the law, without permitting any relaxation of its provisions.

The fee payable for each certificate granted by a District Surgeon or other duly qualified medical practitioner under the provisions of the Act has been fixed by regulation at 10s. 6d. Travelling expenses will be allowed at the ordinary tariff rate of 7s. 6d. per hour, beyond six miles from the seat of Magistracy.

I have the honour to be,
Sir,
Your obedient Servant,

HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates.

LEPROSY REPRESSION ACT, 1884.

Certificate under Section I. by a District Surgeon or Medical Practitioner.

I (1) .....
District Surgeon of } .....
or Medical Practitioner residing at }
hereby certify that I have examined (2) .....
.....
residing at .....
in the District of .....

and that (3).....is suffering from the disease known as Leprosy, and that the fact that the said.....
is at large is likely to spread the said disease.

Dated at.....
this.....day of.....189.....

.....

(1) Insert full name of person certifying.
(2) Insert full name of leper.
(3) Insert "he" or "she" as case may be.

LEPROSY REPRESSION ACT, 1884.

Certificate under Section I. by a Field-cornet, or Justice of the Peace.

I (1).....
Field-cornet for the Ward of } .....
or Justice of the Peace residing at }
in the District of.....
hereby certify to the best of my knowledge and belief that (2) .....
.....
residing at.....
in the District of.....
is suffering from the disease known as Leprosy, and that the fact that the said (2)
.....
is at large is likely to spread the said disease.

Dated at .....
this.....day of .....189.....

(3).....

(1) Insert full name of person certfying.
(2) Insert full name of leper.
(3) Persons certifying to sign here.

Circular No. 23, 1892.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
3rd June, 1892.

LEPROSY REPRESSION ACT, 1884.

Sir,—With reference to the promulgation, on the 17th ultimo, of the "Leprosy Repression Act, 1884," I am directed to enclose herewith copies of the General Regulations framed by His Excellency the Governor under its provisions

The attention of Field-cornets should be specially directed to the first clause of the Regulations, and the necessary steps should be taken by you to make all Police Constables acquainted with the requirements of the Act and the Regulations.

I am further to add, in connection with paragraph 2 of my Circular No. 21 of 1892, that you should ascertain and specify, in every instance, in the report accompanying the certificates, whether or not the leper is voluntarily prepared to be removed to the Hospital.

I have the honour to be,
Sir,
Your obedient Servant,

HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

Circular No. 41 of 1892.

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
11th October, 1892.

LEPERS—TRANSPORT BY RAIL.

SIR,—Adverting to my telegram of 28th June last, whereby you were authorised to communicate direct with the Traffic Manager of the Cape Government Railways with a view to securing the necessary special accommodation by rail for the transport of lepers on removal to Robben Island, I am directed, in confirming the abovementioned arrangement, to state, at the instance of the Secretary for Railways, that in every case at least a week's notice should be given to the Traffic Manager that the use of one of the special carriages set apart for the conveyance of lepers is required.

I have the honour to be,
Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

Circular No. 42, 1892.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
October 22nd, 1892.

LEPROSY REPRESSION ACT, 1884.

SIR,—In transmitting herewith a form of statement to be rendered to this Office in respect of every person dealt with under the provisions of the Leprosy Repression Act, I am directed to request you to be good enough to use every endeavour to make the statement as complete and accurate as possible in every case.

I am, further, to take this opportunity of again calling your attention to the fact that the Act requires that in every instance, *in addition* to the certificate of the District Surgeon or Medical Practitioner, a certificate by *a Justice of the Peace or Field-cornet* shall be furnished; and I am to add that the two certificates should be carefully examined and compared before despatch with a view to the elimination of any discrepancies in the name and address of the leper, and the insertion of all required particulars.

I have the honour to be,
Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

STATEMENT TO BE FORWARDED TO THE UNDER COLONIAL SECRETARY IN RESPECT TO EVERY PERSON DEALT WITH UNDER THE PROVISIONS OF THE LEPROSY REPRESSION ACT, 1884.

1. Full Name.....
   Address.....
2. Sex.....
3. Age*.....
4. Race†.....
5. (*i*) Married; (*ii*) Widowed;
   (*iii*) Divorced, or (*iv*) Never Married.....
6. If Married, Widowed, or Divorced state:—
   (*a*) Name of Husband or Wife.....
   and whether he or she is or was a Leper.....
   .....
   (*b*) Number of Children:—.....Males
   and.....Females.....
   (*c*) Whether Children have been Examined, and whether any of them are known to be Leprous.....
   .....
7. If person dealt with is a Child, state whether parents are living.....
   .....
8. Whether Parents or Grandparents of Leper are known to be, or to have been, afflicted with Leprosy.....
   .....
   .....
9. Any information as to the origin of Disease, if not inherited, giving fullest particulars ascertainable.....
   .....
   .....
   .....
   .....
10. Religious persuasion as far as known.....
    .....
11. Whether possessed of any property or not, and, if so, to what extent; or whether Parents or Relatives or Friends have means to assist in maintenance, giving names of such Parents, Relatives, or Friends.....
    .....
    .....
    .....
12. Name and Address of Relative to whom notice of death to be sent.....
    .....
13. Whether Patient is willing to be removed or not.....
    .....
14. If not, the reason of objection ‡.....

    N.B.—Patients, if possessed of means, objecting to be removed to an Asylum should be asked whether they can propose some alternative arrangement, under which they can be satisfactorily segregated, without extra cost to the public.

    .....
    .....
    .....
15. Name of certifying Medical Practitioner, whose certificate is attached,‡.....
    .....
16. Name of certifying Field-cornet or Justice of the Peace, whose certificate is attached,.....

Dated at.....this.....
day of.....189....

.....
Resident Magistrate.

District of.....

---

* State age approximately, if not accurately known.

† State whether European or White, Malay, Hottentot, Kafir, Fingo, or other coloured race.

‡ If the patient objects on the ground that he or she is not a leper, a second medical certificate should be obtained and attached: if for family reasons, such as absence of provision, in case of removal, for maintenance of wife or minor children, full details should be given, with an expression of opinion, after due enquiry as to *bona fides* of patient's representations.

☞ This space is reserved for remarks and observations of the Medical Superintendent of Asylum.

Circular No. 7 of 1893.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
30th January, 1893.

CASES OF LEPROSY.—MEDICAL PRACTITIONERS TO REPORT.

Sir,—To expedite the discovery of any hitherto unreported cases of leprosy, if any, that may exist in your District, I am directed by the Colonial Secretary to instruct you to request the District Surgeon and all Medical officers resident in the District to be so good as to report to you, without delay, any cases of leprosy of which they may be cognizant, or which may hereafter come under their notice. This they are required to do under Section 5 of the "Leprosy Repression Act, 1884."

I take this opportunity of reminding you that Section 1 of the General Regulations promulgated under the same Act, by Government Notice No. 519 of 1892, makes it the duty of every Field-cornet and Police Constable to report to you any case of Leprosy coming to his knowledge. This duty should be strictly enjoined on the persons concerned.

I have the honour to be,
Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

Circular No. 11 of 1893.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
6th March, 1892.

LEPERS—TRANSPORT BY RAIL.

Sir,—In continuation of my Circular No. 41 of 1892, I am directed, at the request of the General Manager of Railways, to instruct you in every case, in notifying to the Traffic Manager that accommodation is required for the transport of Lepers by rail, to be careful to state the number of persons, both patients and attendants, to be conveyed, distinguishing Europeans from Coloured Persons.

I have the honour to be,
Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

Circular No. 4 of 1894.]

Colonial Secretary's Office,
Local Government and Health Branch,
Cape Town, Cape of Good Hope,
17th January, 1894.

LEPROSY REPRESSION ACT 1884—ENDORSEMENT OF WARRANTS.

Sir,—In forwarding herewith for your information a copy of the additional General Regulation under the "Leprosy Repression Act, 1884," published by Government

Notice No. 1157 of 1893, and relating to the endorsement of Warrants issued under the Act for the removal of lepers to Robben Island, I am directed to inform you that in the event of any leper for whose removal you have received a Warrant leaving your district for another before it can be executed, you should, if his whereabouts are known to you, endorse and forward the Warrant without delay to the Magistrate concerned; informing him at the same time of all details ascertainable as to the exact address of the fugitive, and notifying to this office what you have done.

I have the honour to be,

Sir,

Your obedient Servant,

HENRY DE SMIDT,

Under Colonial Secretary.

To all Resident Magistrates,
Colonial Secretary's Ministerial Division.

Return showing the number of lepers removed from each district of the Colony to Robben Island from the date of the promulgation of the "Leprosy Repression Act, 1884," to the 31st March, 1894.

Cape	56	George	2
Malmesbury	27	Knysna	2
Paarl	22	Prieska	2
Stellenbosch	21	Peddie	2
Somerset West	18	Robertson	2
Wynberg	18	Simon's Town	2
Kimberley	16	St. Mark's	2
Albany	15	Barkly East	1
Caledon	15	Bathurst	1
Bedford	14	Hope Town	1
Fort Beaufort	14	Jansenville	1
Piquetberg	11	Kenhardt	1
East London	10	Middelburg	1
Humansdorp	10	Namaqualand	1
Herbert	9	Swellendam	1
Queen's Town	9	Aberdeen	0
Cradock	8	Albert	0
Graaff-Reinet	8	Beaufort West	0
Uitenhage	8	Bredasdorp	0
Oudtshoorn	7	Calvinia	0
Stockenstrom	7	Carnarvon	0
Alexandria	6	Fraserburg	0
Barkly West	6	Glen Grey	0
Cathcart	6	Hanover	0
Ceres	6	Herschel	0
Colesberg	6	Ladismith	0
Hay	6	Philip's Town	0
Mossel Bay	6	Port Nolloth	0
Worcester	6	Prince Albert	0
Aliwal North	5	Richmond	0
Clanwilliam	5	Steynsburg	0
Port Elizabeth	5	Sutherland	0
Tulbagh	5	Tarka	0
King William's Town	4	Uniondale	0
Murraysburg	4	Van Rhyn's Dorp	0
Stutterheim	4	Victoria East	0
Komgha	3	Victoria West	0
Riversdale	3	Willowmore	0

[BEED Return showing the number of reputed cases of leprosy reported to be outstanding in the various districts of the Colony, and not dealt with under the Act on the 31st March, 1894:—

District.	Number of Lepers.
Alexandria	7
Barkly West	4
Bedford	1
George	1
Glen Grey	21
King William's Town	71
Malmesbury	1
Mossel Bay	1
Paarl	1
Peddie	17
Queenstown	4
Riversdale	2
Simon's Town	1
Stellenbosch	3
Stockenstrom	2
Van Rhyn's Dorp	1
Victoria East	7
Wynberg	5
	150

This return is compiled from returns furnished by the resident magistrates giving the number of reputed lepers at large in each district on the 31st March, 1894. It can only be accepted as an approximate statement. In many instances the alleged lepers have not been examined yet, while in others the necessary steps are being taken with a view to the issue of warrants for removal to Robben Island.

Office of the Chief Magistrate,

Tembuland, 5th May, 1894.

ADMISSIONS INTO ENJAMYANA LEPER ASYLUM.

[BEED SIR,—With reference to your Letter No. 2/150, of the 16th ultimo, I have the honour to enclose Return showing the number of lepers admitted into the Leper Asylum at Enjamyana, distinguishing males and females.

The Resident Magistrate, Engcobo, reports that none have died or been discharged from the Asylum, and also that none of the inmates are detained under warrant, all of them having entered the Asylum voluntarily.

I have the honour to be,

Sir,

Your obedient Servant,

(Signed) C. J. SWEENEY, A.C.M.

The Under Secretary for Native Affairs,
Cape Town.

ENJAMYANA LEPER ASYLUM, APRIL 30TH, 1894.

Name of Leper.	Date of Admission.	Sex.	Sex.	Remarks.
Nmytea	December 15th, 1892.	M	..	
Kaarl Klein Hans	January 14th, 1893.	M	..	
Bitsy Klein Hans	April 13th, ,, ...	..	F	
May	May 1st, ,, ...	M	..	
Jantje	,, 26th, ,, ...	M	..	
Meleen	July 6th, ,, ...	M	..	
Aubey Whitton	August 10th, ,, ...	..	F	
Charley Clerk	,, ,, ,, ...	M	..	
Lizzie Clerk..	,, ,, ,, ...	..	F	
Sarah Wright	,, ,, ,, ...	..	F	
Rachael von Billum	,, ,, ,, ...	..	F	
John von Billum	,, ,, ,, ...	M	..	
Franz Lottering	,, 14th, ,, ...	M	..	
Cornelius Lottering	,, ,, ,, ...	M	..	
Kert Arnest	,, ,, ,, ...	M	..	
Gambula	September 16th, ,, ...	..	F	
Kichose	October 9th, ,, ...	M	..	
Mebato	November 11th ,, ...	M	..	
Gongonya	February ,, 1894	M	..	This leper left the asylum on the night of the 12th, having received one day's rations, and has not since returned; he was issued clothing, blankets, boots, shirts, spoon, and dish, which articles he left behind him.
Troy Lottering	,, 22nd ,, ...	..	F	
Mary Lottering	,, ,, ,, ...	..	F	
Martha Lottering	March 10th, ,, ...	..	F	
Commanse	,, 29th, ,, ...	M	..	
Janza	,, ,, ,, ...	..	F	
Jelah	,, ,, ,, ...	..	F	
Jandaha	,, ,, ,, ...	..	F	
Namagali	,, ,, ,, ...	..	F	

(Signed),
R. SUTTON,
Supt. Leper Asylum.

[Copy.]

Cape Town,
March 12th, 1894.

No 88.

SIR,—I am directed by the Chairman of the Leprosy Commission to request that you will be good enough to furnish any letters of complaint from lepers upon the subject of the drunkenness of attendants on Robben Island, and also the depositions made by Mr. Tappe, formerly bar-keeper on the island, as to the drunkenness of certain officials, made about October or November last at Dr. Impey's office.

I have the honour to be,
Sir,
Your obedient Servant,
W. S. FLETCHER,
Secretary.

The Under Colonial Secretary.

[Copy.]

Colonial Secretary's Office,
Cape Town,
23rd May, 1894.

8 1900/957

SIR,—I find that your letter of the 12th March last has not yet been answered. I may, however, mention that the Hon. the Colonial Secretary had an interview with the Chairman of the Commission on the subject thereof.

It will be convenient to place on record the fact that upon being referred to, Dr. Impey reported on that letter as follows:—

"I do not recollect having received any letters from the lepers complaining of the drunkenness of the leper attendants. Some anonymous letters have been addressed to the Colonial Office on the subject and have been forwarded to me for report. The depositions made by Mr. Tappe were taken down in shorthand; the enquiry was held by the Hon. the Colonial Secretary, and not by me. I have not seen the records.

"The enquiry held by the Colonial Secretary and myself was conducted in camera. Suitable action was taken at that time as explained to the Chairman, and the matter dealt with in accordance with the regulations of the service."

I have the honour to be,
Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

The Secretary Leprosy Commission.

PRÉCIS OF CORRESPONDENCE RELATING TO CERTAIN NON-LEPROUS PERSONS LATELY CONFINED ON ROBBEN ISLAND.

On the 12th September Dr. Impey wrote as follows:—

"I have the honour to forward herewith certificates signed by Dr. Todd and myself, *re* the following patients, not suffering from leprosy:—

1. Emily Peterson.
2. Mary Ann Kerr.
3. Barend Tango.
4. Ramazeur.
5. David.
6. Lys Joubert.

I should like instructions regarding the discharge of these patients."

I have the honour, &c.,
(Signed) S. P. IMPEY.

This was the first intimation that was received by this Office that any non-leprous cases were being detained on Robben Island.

The matter was at once brought before the Governor in Council, and warrants were issued on 19th September for the discharge of these persons, and on the same date Dr. Impey was written to on the subject, and asked to explain how it had occurred that these people had been certified to and kept on the island; also, as in certain of the cases the certificates of non-leprosy were incomplete as regards dates, &c., he was asked to amend these where necessary; and it may here be mentioned that Dr. Impey not only amended these certificates, but also took upon himself the responsibility of altering the original certificates of leprosy granted by himself in respect of two of the cases, Emily Petersen and Mary Ann Kerr, on which the Governor's warrants for detention had been issued, by inserting the word "not," thereby completely changing the meaning of them, and making it appear that the warrants had been issued in respect of cases certified by him to be *not* suffering from leprosy.

From this point it will be best to deal with the case of each patient separately, instead of considering them together in the order of the correspondence.

1. Emily Petersen.

19th September, 1893.—Dr. Impey was reminded that as far back as the 12th June, 1892, he certified this case to be Leprosy and a danger to the community, and was asked for an explanation as to the discrepancy between his certificate of then and now.

23rd September, 1893.—Dr. Impey replies: The case was admitted in 1890. When he was acting as Medical Superintendent on the Island in the room of Dr. Dixon he drew the attention of the Government to the fact that she was not a leper. The medical visitors were appointed to examine her, which they did, reporting that she was a leper. Dr. Impey took no further steps in the matter though his opinion was unchanged. In 1892 he certified according to the opinion of the visitors, who, at that time, he imagined were more competent to judge of the disease than he was, who had had comparatively little experience in leprosy.

19th October, 1893.—Dr. Impey was asked to furnish full particulars as to the circumstances under which, and the dates when he made these representations to Government, together with the names of the medical visitors appointed to examine the case, and the date on which this was done. He was also informed that the Colonial Secretary learned with surprise that he had sacrificed his own judgment in so important a matter to that of any other person, however competent he may have thought that person to be, and so far to have surrendered himself as to sign his name to an opinion as being his own, which at the same time he did not hold; and, further, that the Colonial Secretary could not but feel that such a proceeding was far worse than any other error in diagnosis on his part could have been, more especially in view of the high and responsible position which he held.

23rd October.—Dr. Impey replied:—

"In 1891, when I was acting for Dr. Dixon here, I found that several of the patients in the Leper Wards were not lepers, and that others were fit for discharge. I reported the matter to you on the 28th May, letter 16/416, and asked for instructions; to which you replied on the 3rd June, 1891, letter 1412/618, asking me for a list of the names of the patients. This I did, under cover of my letter 16/640, of the 9th June. On June 18th, letter No. 1572/811, you asked for further particulars and papers which I could not give. I heard nothing further about the matter until the 8th August, when the Medical Board visited the island. They informed me that they have been commissioned by you to examine certain cases which I had reported as not being lepers. The members of the Board who visited on that day were Drs. Parson, Abercrombie, Landsberg, Roux, and Douglas. They examined the cases, and reported to you on the 15th of the same month. They (through the Secretary) reported *re* Emily Petersen 'of the case Emily Peterson in their opinion there is neither any doubt that she is suffering from Leprosy.' I thought that I might be mistaken in my diagnosis, and that they were able to see signs of Leprosy which I could not detect. I therefore bowed to the decision of the Board of Medical men whom you sent over to decide the matter, and certified accordingly. It was only when I had carefully studied the disease in its various forms that I could

definitely say that my opinion of the case was the correct one, and that the members of the Board were wrong. I am of opinion that, under the circumstances, I was justified in certifying as I did, though I admit that I should perhaps have stated in my certificate that I had certified in deference to the opinion of the Board of Medical men who had been appointed to report upon the case."

7th November.—Dr. Impey was asked to furnish, as there appeared to be one or two ommissions in the records of this Office in regard to the papers he referred to in connection with the case, copies of all correspondence and reports and certificates in his possession on the subject.

These papers are attached. It may be mentioned that Dr. Impey was acting for Dr. Dixon at the time he wrote (May 28th, 1891), pointing out that Emily Peterson and some others were not lepers. Dr. Dixon had, however, resumed duty at the time the report of the Medical Board was forwarded to the island (17th August, 1891), and hence in the correspondence he comments upon the report and not Dr. Impey; further, Dr. Impey did not certify that Emily Petersen was a leper until the 12th June, 1892, following.

2. Mary Ann Kerr.

According to the certificate furnished by Dr. Impey, in his letter of the 12th September, Mary Ann Kerr was stated to be suffering from the effects of tertiary syphilis, Dr. Todd certifying that she had been affected with syphilis. Accordingly on the 19th September Dr. Impey was asked on what date the disease was found to be syphilis, was the disease allowed to pursue its course unchecked up to that date, and whether the disease was now cured –this latter being asked as Dr. Impey certified that she *was then* suffering from syphilis, while Dr. Todd certified that she *had been* so suffering.

On the *23rd September* Dr. Impey replied that when admitted in February, 1892, she was suffering from tertiary syphilis, which has almost completely destroyed her face. In syphilitic leprosy, the symptoms of leprosy being often masked by the ravages of syphilis, it is only after a prolonged treatment of mercury, &c., that such a case can be definitely proved to be suffering from leprosy in addition to syphilis; she was accordingly treated for syphilis, and placed under observation. When the syphilitic symptoms disappeared and the sores healed, it was found that, with the exception of the scars, she was clean.

On the *19th October* Dr. Impey was informed that he had omitted to state in regard to this patient *when* it was discovered that she was suffering from syphilis; and he was further asked to furnish the date on which she was placed under a course of treatment for syphilis, and it was pointed out to him that his argument in regard to this case would be a good one had it been one of leprosy; if such reasoning as his were sound, then all syphilitics should be detained until it was found that they were not lepers.

On the *23rd October* Dr. Impey replied:—

"I cannot say definitely when this case was put upon anti-syphilitic treatment, but it was within a very short time of her admission in February, 1892. When Dr. Todd arrived in January, 1893, she was still using the medicine, and was then almost cured of syphilis."

To this we replied on *November 7th* that "if it was the case that the patient was in January, 1893, after close on a year's anti-syphilitic treatment, *nearly cured* of the disease, it ought surely at that time to have been easy for you to have eliminated the question of leprosy, or at the very least to have notified to this Office the grave doubts you had already, it would seem, for long entertained as to the existence of leprosy instead of delaying for another eight months, until the 12th September last, before doing so."

And he was further called upon for an explanation as to how he reconciled his action with the facts stated.

On the *28th November*, after a further letter reminding him that he had not given the information, he replied:—"I have nothing further to add *re* this case; when I considered that she was not suffering from leprosy, I reported the matter to the Colonial Office."

With regard to this case it may be mentioned that Dr. Impey certified her on the 29th July, 1892, as suffering from leprosy, and likely to spread the disease.

These certificates, granted in this and other cases, were required when the Leprosy Act was put in force, and were not mere formal documents, but were only supposed to be given after careful personal examination by Dr. Impey himself, he being specially paid for the duty in each case.

3. Barend Tengo.

This patient was originally admitted to the island from Malmesbury by warrant dated 13*th October*, 1892.

On the 12*th September*, 1893, Dr. Impey certified, in connection with his letter of that date before mentioned, that he was not suffering from leprosy, but disease of the great toe, while Dr. Todd certified merely that he was not suffering from leprosy.

On the 19*th September* Dr. Impey was asked what was the nature of the disease of the great toe, and was this mistaken for leprosy? He was also informed that his certificate was undated, while Dr. Todd furnished no information as to the actual nature of the disease.

On the 23*rd September* he replied:—

"This patient injured the great toe of his right foot some years ago by running into it a fishbone. The toe was amputated by Dr. Parson in 1890. I cannot tell if the stump of the toe was mistaken for leprosy."

On the 19*th October* Dr. Impey was informed that it had been inferred from his certificate that the person was suffering from disease of the great toe; as this now appears from his letter not to have been the case, he was asked to state "from what malady, if any, this man was suffering while on the island."

On the 23*rd October*, in reply to this letter, Dr. Impey enclosed a statement from Dr. Todd to the effect that "when this patient was admitted he had a small sinus over the meta-tarsal bone of his great toe; the fact of the toe being gone, and a sinus existing on its site evidently caused the error of diagnosis made by the certifying medical man. On communicating with Dr. Parson, who amputated the toe, he informed me that he was certainly not of opinion that the man was a leper, as he would not have been admitted to the New Somerset Hospital had he been considered to be one."

To this Dr. Impey adds:—

"I have nothing further to report than what Dr. Todd states."

On the 7th November we asked Dr. Impey, in reference to this case, to supply the exact dates upon which the patient was admitted to the island, and on which doubts arose as to his being a leper; to which Dr. Impey replied on 28th November:—

"Barend Tango was admitted on 18th November, 1892. I cannot give you the exact dates on which doubts arose as to his not being a leper. I have reported all I can tell you of the case."

Thus this case was retained on the island as a leper for a year (all but a few days) though having no disease except the badly healed stump of a great toe amputated three years before, and of which operation there was a clear history with every opportunity for obtaining full particulars from the surgeon who operated.

What excuse can there be for making a prolonged mistake of this kind?

4. Ramazeur.

This patient was admitted from Barkly West under warrant dated 25th April, 1893, and was certified to by the late Dr. Harrhy.

On the 12*th September*, 1893, as before mentioned, Dr. Impey certified that he was not suffering from leprosy, as also did Dr. Todd, who added in his certificate that he had been burnt, &c.

On the 19*th September*, Dr. Impey was asked from what disease mistaken for leprosy this man was or had been suffering; and he s was aked whether the cicatrix of the burn had been mistaken for the disease, and if so it was suggested that there must have been a clear history of its occurrence, and whether or not the part was anæsthetic at the time.

On the 23*rd September*, Dr. Impey replied:—

"Ramazeur. This patient some years ago became intoxicated through smoking Indian hemp; whilst in this state he fell into a fire and got burnt; when admitted he was suffering from ulceration of the cicatrices which have now healed. On admission he was placed under observation.

I cannot tell if the burn was mistaken for leprosy. He was admitted on the 24th July, and not as you state nearly five months ago."

On the 19*th October*, Dr. Impey was informed that, with regard to this case, his explanations, so far as they affected himself, might be accepted; but although not admitted until the 24th July, the case was certified to nearly five months before.

5. S. David.

This patient was originally admitted from Colesberg under warrant dated 31st August, 1892, having been certified to by the District Surgeon, Dr. Riordan.

On the 12*th September*, 1893, Dr. Impey certified that he was not suffering from leprosy but lupus, Dr. Todd supplying a certificate to the same effect, except that he stated that he had lost his nose and upper lip from lupus.

On the 19*th September* Dr. Impey was asked when it was first discovered that this case was a simple one of lupoid ulceration, and whether the disease was now cured.

On the 23rd Dr. Impey replied that David was admitted in September, 1892, and the case was then certified to by Dr. Stubbs, Assistant Medical Officer, as anæsthetic leprosy, Dr. Impey's special attention not being drawn to the case until May, 1893, and that the disease lupus was cured.

On the 19*th October* Dr. Impey was reminded that he had not answered the question put to him on the 10th September as to when this case was found to be one of simple lupus.

To this Dr. Impey replied on the 23*rd October*, enclosing a statement by Dr. Todd to the effect that this case was found to be one of simple lupus on the 18th August, 1893, when his case was taken. On his, Dr. Todd's, arrival on the island he found that at most about 20 cases of the male lepers had been written up. He had since written up the cases in his spare moments, but owing to the extent of his duties, he had been unable to write the cases up before, and it was not until he came to examine him in order to write up his case on that date that he found it to be one of lupoid ulceration.

To these remarks Dr. Impey adds that he fully endorses what Dr. Todd says under this head, and he goes on to complain of the extent of the work that has to be performed by him and his Assistant Medical Officer.

With this letter Dr. Impey returned the certificates relating to this patient, and it was then found on reference to them that his statements made in regard to it were somewhat at variance with the facts of the case therein disclosed. Therefore on November 7th he was written to as follows:—

"David.—With reference to this patient, Dr. Todd admits in his report, dated the 21st ultimo, which you enclose in your letter under reply, that he overlooked the true nature of the disease until he came to examine the case and write it up in his case-book, and he gives as a reason for the oversight that he has an undue amount of work to perform; and you, in your letter, state that you fully endorse these remarks. I am, however, directed to recall your memory to certain facts in relation to this case; and, in doing so, I am to ask you for a complete explanation of your action and statements at each stage of the proceedings, which I have marked respectively (*a*), (*b*), (*c*), and (*d*):—

(*a*) On the 21st September, 1892, you wrote to this office stating that another patient (David) had been sent to the island to the leper wards who was not a leper, and you enclosed in confirmation of your statement a certificate from Dr. P. T. Stubbs that 'David' was suffering from lupus, and had no sign or symptom of the disease known as leprosy.

"Accordingly, on the recommendation of Ministers, the Governor ordered, and you were instructed that the man should be kept under observation for a period of two months and then discharged if he were found not to be suffering from leprosy.

"(*b*) At the end of this period of observation, on the 16th December, 1892, you wrote that you had *again examined* the patient and found that he *was* suffering from leprosy, and you enclosed a certificate from yourself to that effect, and one from Dr. Stubbs,

stating that he showed signs of the disease, whereupon you were told, on the 29th December, that no further action was necessary.

"(*c*) On the 12th September, 1893, or nine months later, you write saying that David is not a leper, and should be discharged, enclosing a certificate from yourself to the effect that he is suffering from lupus, and one from Dr. Todd of the same tenor. You do not, however, in any way refer to the previous correspondence and action taken in regard to this patient, which evidently must at the time have been recalled to your memory, as my letter of the 15th October, 1892, informing you of the Governor's decision that the patient should be kept under observation for a period of two months, was attached to the certificates relating to the case which were forwarded by you in your letter.

"(*d*) Again, on the 23rd September, 1893, in reply to my question, as to *when it was first discovered that this man was suffering from lupus* and not leprosy, you write as follows:—

"'David was admitted in September, 1892, and was examined by Dr. Stubbs, who certified that he was suffering from anæsthetic leprosy. I may mention that the leper patients, on being landed, are all examined at once by the Assistant Medical Officer, who sends in a certificate to me. In doubtful cases he gets my opinion before certifying. Dr. Stubbs evidently had no doubt as to the nature of the disease, and my special attention was not drawn to the case until May this year, when he was placed under observation.'

"With reference to this extract, I am to ask you to explain particularly how you reconcile the statements therein made with the facts as shown by the correspondence, namely:—

"(1) That Dr. Stubbs examined the case on admission, and certified (21st September, 1892) that the case was one of lupus (not anæsthetic leprosy).

"(2) That your special attention was drawn to the case, and that you made a special examination of the man on the 16th December, 1892.

"(3) That Dr. Todd—in whose remarks you say, in the letter under reply, you concur—states that no observation was taken of the patient during his term of office by himself, and therefore, presumably, not by anyone else until the 18th August last.

"The only reply that Dr. Impey has been able to make to the important questions put to him is by his letter dated 28th November, as follows:—

"'David.—I cannot explain my action in this matter except by repeating that you expect too much from the two medical men. Since my assumption of duty here, the lepers have been forwarded to the island in large numbers, and it is impossible for two men to do justice to each case. The cases were not written up. I cannot be expected to remember the names of all the lepers admitted, or every fact connected with their history. It was only when each case was thoroughly examined for case taking that any errors which had crept in were discovered.'"

6. Lys Joubert.

This patient was admitted from Malmesbury under warrant dated 25th July, 1893; she was certified to by the District Surgeon, Dr. A. J. T. Roux.

On the 12*th September*, as before stated, Dr. Impey certified that he had examined her and found that she was not suffering from leprosy. Dr. Todd certifying to the same effect.

On the 19*th September* Dr. Impey was asked:—

"If not suffering from leprosy, from what disease is or has she been suffering and which has been mistaken for leprosy."

On the 23*rd September* Dr. Impey replied:—

"This woman when admitted was suffering from a black eye, the effects from a blow from her husband, otherwise she was perfectly well. I cannot tell why she was sent over."

On the 19*th October* Dr. Impey was asked to supply "complete particulars from the time of arrival of this woman on the island to her discharge, as to the observations made on her condition, their frequency and by whom made, the manner in which, from first to last, she was dealt with, and the treatment, if any, adopted."

And the case was commented upon as follows:—

"It is scarcely conceivable that any person could be detained for even a day on the island as a leper who in your words, 'when admitted was suffering from a black eye, the effects of a blow from her husband, otherwise she was perfectly well.'"

To this Dr. Impey replied on the 23*rd October*—

"In this case we could detect no signs of leprosy, but the case was accompanied by certificates from a qualified medical man, to whose opinion some deference should be paid. Instead, therefore, of at once rejecting the case, we put her under observation, and it was only after carefully examining the case repeatedly that we could definitively certify that she was not a leper."

In reply to this on the 7th November Dr. Impey was informed that "while accepting your and Dr. Todd's explanations regarding this case, I am to instruct you in future whenever any doubt arises in the mind of yourself or of the assistant medical officer as to whether any leper on the island is really suffering from leprosy, to immediately communicate the full facts of the case to this office. Under no circumstances must this instruction be neglected in future."

7. James Thomas.

On the 28th November Dr. Impey wrote as follows:—

"With reference to the last paragraph of your letter No. 8/3453/748 of 7th instant, *re* non-leprous patients, I have the honour to inform you that when I reported the non-leprous patients in May, 1891, I included in the list a man named James Thomas, who was in my opinion not suffering from leprosy. The Medical Committee examined him with the others and pronounced him to be suffering from leprosy. I certified him with others similarly reported upon when the Act came into force; but I have kept him apart from the lepers ever since. He has had a room in the village and has no connection with the lepers except that his food is drawn by Mr. Fitch, and sent to him; he is not a leper. I would recommend him being kept in his present quarters and treated as a pauper. He will not hear of leaving the island."

It will therefore be seen that Dr. Impey, although believing this man to be non-leprous, deliberately issued and signed a certificate to the effect that he was suffering from leprosy and likely to spread the disease. On this certificate a Governor's warrant was issued for his detention on the island; yet, while giving this certificate, Dr. Impey kept the patient apart from the other lepers and allowed him at large among the healthy inhabitants of the island.

[Copy.]

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
31st October, 1892.

8/809/338A.

DOUBTFUL CASES OF LEPROSY.

SIR,—With reference to a letter dated 4th instant, from the Medical Superintendent, Robben Island, reporting the arrival of a patient for the leper asylum named Adam Adams, in whose case there is considerable doubt as to whether the man is a leper, I am directed to instruct you to examine all the leper patients on their arrival at the Old Somerset Hospital *en route* to Robben Island, and if in any case the fact of leprosy appears to be doubtful, to detain the patient under observation, and request Dr. Fisk to examine and report on the case.

Should you, after consultation with Dr. Fisk, arrive at the conclusion that the patient is a leper, he should be sent on with a special memorandum embodying your reasons for so concluding. If, on the other hand, you fail to discover any traces of

leprosy, you should report forthwith to this office, and keep the patient pending further instructions.

I have the honour, &c.,

(Sgd.) HENRY DE SMIDT,
Under Colonial Secretary.

The Surgeon in Charge,
Old Somerset Hospital.

Extract from letter dated 4th February, 1893, from the Under Colonial Secretary to the Surgeon in Charge, Old Somerset Hospital.

* * * *

I am directed to instruct you that if in any case you receive a leper patient not only without a warrant, but also without any document to show that his removal in anticipation of a warrant has been authorised by the Colonial Secretary, you should at once report to this office, and ask for instructions, pending receipt of which the patient should not be forwarded to Robben Island.

* * * *

Return showing the disposal of lepers in the Cape Colony dealt with under the provisions of the "Leprosy Repression Act, 1884" up to the 31st March, 1894.

The total number of warrants issued under the Act for the removal of lepers to Robben Island up to the 31st March, 1894, is.....518.

Of these warrants 87 have not been executed for the following reasons, viz.:—

17 lepers died before removal.
64 lepers are awaiting removal, have absconded, or cannot be traced.
6 lepers have been discharged as doubtful cases.

Leaving 431 as the total number of Colonial lepers actually removed to Robben Island from the date of the promulgation of the Act up to 31st March, 1894.

Extract from Report of Dr. J. E. Waterston, M.D., D. Mudie and W. E. Moore, dated 14th March, 1894.

* * * *

After finishing the male lunatic asylum we passed on to the lepers, and here, as, through a misunderstanding, the trolley had left, we had to walk and so lost time. To perform the inspection thoroughly a trolley should be at the command of the inspectors. This may not be possible but it is the only way to make the inspection thorough. We found a guard between the leper and other asylums, but no guard-house or sentry-box. The man should have some shelter in rough weather. We inspected the wash-house, and if the clothes are not clean it is not for the want of soap, which seemed to be used in most prodigal fashion.

We then passed on to the male leper wards where we found the lepers at dinner, and made a thorough inspection of the food and kitchens. The Malay kitchen is a horribly dirty hole in which not an attempt at cleanliness seems to be made.

In the large kitchen there is much wanted a large oven where good juicy roasts would be cooked instead of the dry, hard, black-looking fragments of meat we saw the lepers eating. Would not a good brick oven serve the purpose? At present the roasting is done on the top of the hot-plate and is most miserable cookery. Some more roasting trays seem also to be wanted. There is strong dissatisfaction with some of the food, but it is spoiled in the cooking. The whole subject of visitors also demands urgent attention. We saw coloured women first on the verandah of one of the men's pavilions and then walking in and shutting the door. These women had no hats and were in house dress. This we at once reported to Dr. Impey. Lastly we inspected the female lepers and there the kitchen is also at fault and in sad need of repair, which should be seen to at once. The latrine was as usual smelling horribly, and no wonder. Some of the tubs used are too small, and soakage into the ground below is going on.

The bath accommodation is very scanty; one bath for 17 white women and three for 205 coloured women.

Lockers for clean clothes are still urgently wanted, and Turk's-head brooms, or spiders' webs flourish, and the ward noticed before is still gracefully draped with them.

We would draw attention to the fact that the room that served as day and school-room has been turned into a dormitory. This should not be, as the day room accommodation is scanty at the best.

Here again the subject of visitors demands attention. On inspecting the fence we found holes had been made (by bending the wires) large enough to creep through. Under excuse of shelter, shawls were put up on both sides of the fence and the men and women met in what was practically a tent. The day we were there it did not seem to be strangers but just the male lepers who were outside the fence.

We were glad to see the yards in the women's compounds being put in order at last.

To sum up the leper asylums we would say that what most urgently demands attention is:—

1. Kitchens and cooking, including the tea and coffee, which might be made better and stronger.
2. The subject of visitors: that we believe Dr. Impey thinks as urgent as we do.
3. More attendants for the female leper asylum, including night attendants.
4. More day room accommodation for the female lepers.
5. The putting in order of the latrine on the women's side.

In conclusion, we, as inspectors, feel we would fail in our duty if we did not call attention to the fact which the presence of a shooting party drew our attention to—the great waste of good food and amusement on Robben Island.

The rabbits would form a most agreeable change of food for the lepers and others, and the shooting is just what is needed for amusement under wise regulations for the residents, including better class patients. Even if a shooting party were allowed, the game should be left on the island.

We have the honour to be,
Sir,
Your most obedient Servants,

(Signed) { J. E. WATERSTON, M.D., D MUDIE, W. E. MOORE, } Inspectors.

[Copy of Dr. Köhler's report on the Free State lepers, dated 23rd May, 1893.]

Mr. Blignaut, Government Secretary,
Bloemfontein.

Dear Sir,—On Monday, the 8th of May, I went to Robben Island, according to your request, to visit the lepers there. There are at the present moment more than 500 sufferers on the island, amongst whom about 75 from the Free State. All are housed in barracks, the women isolated a long way from the men. Whilst the men are able to move about freely everywhere inside the landing place, the division for the women is surrounded by a wall, interrupted however on the beach side by railings. Near these railings is the only place of recreation which these unhappy ones have. They were assembled here in large numbers, the women inside, the men outside, consoling themselves in communicating to each other their complaints, the everla ing complaints about their segregation from their relatives and homes. As this meeting place is totally barren I suggested to the principal surgeon to plant some trees for shadow, which grow easily and well on the island.

The barracks are well built and provided with verandahs. The rooms are high, airy, healthy, provided during winter time with hearths, and they are so big that for instance all male patients from the Free State, more than 50, are lodged in one room The division for females is under the supervision of a white woman, and that of the men under a white man. The control over the whole island is in the hands of a principal surgeon, who is assisted by an assistant. The latter has got the supervision over the lepers and the men are able to see him daily on certain hours in his office, many, however, help themselves. The bad patients are treated in a hospital.

The men complained and thought it negligence that the principal surgeon had never, and the assistant only twice during the thirteen months, visited their barracks, and then only when there were bad patients. For the rest they have no complaints about the treatment.

On the contrary, they complained very much about the climate, which caused them chest and eye complaints. The warder, who is there already four years, confirmed this and told me that the patients from the Feee State suffered much from coughs, and that some had died already from chest complaints. It was, he said, on the island much

colder than on the mainland. As these people are used to dry air, it is easily understood that this moist and cold air hurts them very much, being the cause of other sicknesses besides theirs. As regards the eye-sickness it is a question whether it is caused by the fine sand, which opinion they have, because leprosy often attacks the eyes. In each case does the sand make the eye-sickness worse, in spite of the spectacles which some of them wear for protection.

But all these complaints are secondary, and the most commodious institution would not come into consideration against the one great and touching complaint which they have, viz., home sickness. They do not care in the least for checking their disease, but home sickness takes all their rest away, and only through that they feel very unhappy. When I told them that I was sent by the President of the Free State they became exceedingly cheerful, and asked me if I came to fetch them. As hope makes everything bearable, I gave them a little hope for the future. Some amongst them pleaded with tears in their eyes their desire to go home. If they could only live in the Free State, they said, then they would be content, even if they were segregated; they could see and speak to their relations. The warder who is always amongst them told me that they think about that day and night, and he felt sure that if anybody came to fetch them some of them would die for joy.

My visit to the women, which I made together with the principal surgeon, had the same result. I have acquainted him with the abovementioned complaints.

I was astonished that all the patients from the Free State which I saw were coloured. There are, however, many white people in the Free State suffering from the disease. In my view the segregation of lepers is a great injustice, and an action totally optional. It is unjust because the contagiousness of leprosy is still an unanswered question, in each case too much disputed to form a basis of so important a law. The action is an optional one, because leprosy only is segregated, while diseases of the same kind, such as Lupus, Tuberculosis, Syphilis, Gonorrhœa, which are undoubtedly contagious, are not segregated. But even if the segregation of lepers was based on sound reasons, it is yet useless if it cannot be rigidly carried out, which is certainly the case in South Africa. The majority of white lepers will always try to evade this oppressive law, and therefore no benefit is caused by this law, and some of the patients are given useless vexation.

I have the honour to be,
Sir,
Yours, &c.,
(Signed) C. F. KÖHLER, M.D.

Extract from report of Drs. G. P. Roux and G. H. B. Fisk, dated 15th July, 1893.

* * * *

In the leper wards the usual complaints of discontent were heard, not against diet or treatment, but against isolation and want of occupation.

No commencement has yet been made with their church building, though a D. R. clergyman has already been appointed by the consistory of the church.

* * * *

Extract from report of Messrs. D. Mudie, W. E. Moore, and F. F. Rutherfoord, dated 16th July, 1893.

Previous to inspecting the lunatic asylum, we proceeded upon landing to inspect the leper wards, taking the female leper wards first, a trolley having been kindly placed at our disposal by Dr. Impey.

Female Ward.

1. Matron's Quarters: These are in good order and are tidy.
2. Kitchen next to Matron's quarters: The kitchen is unfit for use; the windows are broken; the floor which is cemented, is too cold for winter, and one of two plans should be adopted; it should either be pulled down or altered for use by the matron as a kitchen.
3. Wards: We examined the various wards, and found that they were not kept as tidy as they could be. With a number of sufferers, and many of them torn from their families, every attention should be paid to their comfort and the cleanliness of their habitation. It was distressing in the extreme to hear the patients complain of being torn away from their families, in many instances the patients having no information as to what had become

of their children. Take for instance, one case by way of illustration, a woman named Lena Paulse stated that she had a daughter sixteen years of age, who was a servant in a respectable family, but that she had accidentally heard that the girl had left that service, and gone she knew not whither. Cases of this kind naturally embitter the lives of these poor people and some registry might be kept where they would be able to obtain information about their families.

4. The patients complain that their underclothing is too thin for wearing in cold weather; this can easily be remedied.
5. Store Room: This room we found in a dirty state, which is the less excusable as it can easily be kept clean.
6. Closets: These were in a disgusting state. Human excreta on the seats, and which had apparently been there for more than one day, the result being that the other patients, not being able to use the seats, have utilised the floors for that purpose
7. Kitchen: This department should be ceiled for coolness in summer.
8. The patients, in answer to questions put to them, stated that they had no complaints to make either with regard to food or treatment, but some of them appeared to think that these were fishing questions, and that they had been placed on the island by the Dutch members of Parliament.

Male Wards.

1. In the first ward visited by us one room, occupied by Messrs. M***** and P******, attracted our attention on account of its uncleanly appearance; these men who are of a class superior to the great majority of patients on the island, complained that their room had not been scrubbed for some time, and hence the unclean appearance of the floors; if, as alleged by the attendant, the stains on the floors were the result of the ejection of saliva by the patients, it is not difficult to obviate it by supplying them with spittoons; but the floors should be scrubbed. We notice in the report of the visit of the Members of Parliament to the island that the rooms and linen were found to be beautifully clean. If this can be done in anticipation of such a visit, there is no reason why it should not be regularly done for the comfort of the patients.
2. In this and other wards numbers of the men complained of the bad tobacco, and the small quantity supplied to them.
3. But a still more serious complaint is one made by the patients that Mr Fitch makes a distinction between the patients, some getting whatever they require, while others were left out in the cold. One man complained that he had received one pair of boots during twelve months; he pointed out these boots to us, and they appeared more like steel than leather. They added that there were other causes of complaint equally serious.
4. We noticed that in the Hospital Ward there was only one nurse to 50 patients, and although she is training four of the patients as assistants, this we submit is quite inadequate to the requirements to so large a number of patients.
5. We beg to refer to our former recommendations regarding additional medical assistance.

We have the honour to be,

Sir,

Your obedient Servants,

(Sgd.) D. MUDIE.
W. E. MOORE.
FRED. F. RUTHERFOORD.

I have signed this report because verbally correct, but I thought some of the male lepers' complaints querulous, and I also thought that the untidy, dirty state of Messrs. M***** and P******' room greatly due to themselves.

(Sgd.) FRED. F. RUTHERFOORD.

Extract from report of Mr. W. E. Moore, dated 27th October, 1893.

* * * *

Female Leper Ward.

A private cottage for a paying patient has been erected outside of what may be termed the leper compound. If this freedom is extended to one patient, the other patients may naturally ask why the same privilege is not extended to them.

The whole of the buildings, externally and internally, require renovating, the grounds within the compound should be laid out neatly, similar to the lunatic wards, and shrubs should be planted.

There is a want of cleanliness about the place. In fairness to those who are in charge of this department, they have much to contend with. The habits of many of the patients, the unkempt state of the grounds, and the want of paint and colouring about the premises, militates against the comfort of those patients, and prevents the premises being kept in proper order. The state of the latrines is disgusting, but the matron complains that she has not sufficient assistance.

I sent two organettes, at a cost of £6 17s., to this ward. I am informed that within fourteen days these were destroyed; this discourages the public from contributing to the comfort and amusement of the patients; I have also sent a croquet set and other amusements for the patients, and I submit that whoever is in charge should be responsible for their preservation.

Male Leper Wards.

I visited No. 6 ward when the patients were at dinner; there appeared to be no person in charge, and the place was like Bedlam let loose; some of the men showed me the food supplied to them; the meat was so over-roasted that there was not a particle of juice in it, the rice was cold, and a teaspoonful of cabbage was the supply of vegetables, contrasting most unfavourably with the food supplied to the female lepers.

Bearing in mind that these patients, for no criminal act, have been separated from their families and friends in the interests of the public, every attention should be paid to them. Those who are in attendance hold their positions for the benefit and comfort of the patients, who are placed on the island to give the attendants employment.

* * * *

Extract from report of Dr. J. E. Waterston, dated 28th October, 1893.

* * * *

1. I went first to the female leper wards. In them I found five uncertified lunatics, two very noisy and dangerous (biting, throwing stones, &c.) No difference is made between the sane and insane as to place of abode.
2. No. 1 ward wants the walls and roof well washed inside. The inmates should be turned temporarily into one of the new wards while No. 1 gets a thorough cleansing.
3. No 2 ward was fresher, but needed the same as No. 1.
4. The ventilation was bad in several of the wards, and they need end windows sorely, the system on which they are built leading to close unventilated corners.
5. There is no small room for confinements, and it is surely a matter for consideration whether a pregnant woman, unless very much diseased, should be sent to the island until after her confinement. The unborn child's interest should be considered, and certainly the mother should not be allowed to suckle it.
6. There is no ward set apart for female lepers as an infirmary, but very ill, or comparatively well, they are put in the same ward.
7. There are no proper lockers for keeping the clothes; and on turning up the beds found them used as wardrobes as well as sleeping-places. None of the beds were clean and well kept, some far from being so.
8. The soap seemed to be of very poor quality that I saw in the pantry, but the rations were good and sufficient.
9. The latrine was far from sweet and fresh, and disinfectants were conspicuous by their absence. Surely a leper asylum should be allowed something more than chloride of lime.

10. All the back doors needed a sweep round and some sort of enforced routine insisted upon.
11. As regards the immediate surroundings of the wards, a periodical rake up and some routine applications of hard yard-brooms would make things look more ship-shape.
12. Trees. The few trees in front of the old wards makes a most grateful shade and seem to grow well. I would strongly urge the planting at a proper season, of a row of trees in front of all the female wards at least, and some in the grounds and about the fence. The glare must be very distressing to the diseased eyes.
13. In the one men's ward I had time to inspect, things were fair and the latrine was much fresher than the one in the women's quarters. There should be a leper library which should contain Dutch as well as English books of an interesting character ; not mere tracts and booklets, although these are good in their place.
14. One cannot help being struck by the difficulties in the way of keeping the leper part of the island clean and in good order from there being no enforced labour. Sooner or later it must come, or idleness will be the bane of the leper settlement on the island.

* * * *

Extract from Report of Messrs. D. Mudie and W. E. Moore, dated 9th November, 1893.

* * * *

Leper Wards. Male.

The cottages for private paying patients are we think deficient in ventilation, and this could easily be remedied at small expense. We mentioned this to Dr. Impey, and would suggest that authority be given to him to have this attended to; the same remark applies to the private cottage for females.

Dinner was just about to be sent out from the cooking house; there was pea soup which appeared to be good and wholesome; roast meat, some portions of which looked rather dry and bony; and vegetables, potatoes and other, in what appeared to be a savoury condition. Complaint was made that the tea supplied, a mixture of China and bush, was rather deficient in quantity and consequently weak. Three-sixteenths of an ounce for each patient would be about $3\frac{15}{16}$ lbs.; we were informed that the quantity served out was $2\frac{3}{4}$ lbs. Sugar was also said to be scarce.

Female.

The system of washing going on in front of these wards is objectionable. Some shrubs and flower-beds on this ground, similar to those now laid out in the lunatic wards might tend to driving away the washings to at least some distance beyond the front of the buildings.

In both male and female wards we were glad to observe some slight improvement in the cleanliness of the closets. This is of the first importance especially now that warm weather has fairly set in.

* * * *

Extract from Report of Mr. F. F. Rutherfoord, dated 27th January, 1894.

* * * *

Passing on to the Leper Pavilions I found them in good order. A little attention is needed to cleaning windows and repairing blinds in Pavilion No. 1, which I have only to mention and the work will doubtless be done, also some repairs in the kitchens.

The male leper attendants require more quarters and a mess room.

In the female department a capital washing-place has been made, the foundations for a church built and all the drainage has been much improved.

* * * *

RETURN OF LEPERS who died during the first year of residence, for the year 1884 to 1893.

Year.	No. of Deaths.	Number of Patients Admitted.
1884	4	25
1885	3	14
1886	3	21
1887	5	51
1888	4	40
1889	11	51
1890	8	21
1891	6	40
1892	21	338
1893	65	250
Total	130	851

Number of Paying Leper Patients on Robben Island.

2 Males at	3s. per diem.
1 Female at	3s. „ „
1 Child at	1s. „ „
1 Female at	1s. „ „

Regulations under which paying patients are charged :—

1. The patients pay according to their means from three shillings per diem to ten shillings per month.
2. Terms are left in the hands of Chief and Medical Superintendent.
3. If the patients require separate accommodation, they pay for one room £10, for two rooms £20, and for an additional small room £5, equal to £25 in all.
4. These paying patients are allowed to draw rations, &c., on private requisition, through the Head of the Department. Of the £4 10s. per month, they are allowed to draw rations to the value of £2 10s. per month; the balance of £2 is for clothing and extras. The same proportion is allowed to each if the payment is less than three shillings per diem.
5. If the patient is not willing to pay for separate accommodation, he or she must occupy a bed in a ward like a pauper patient, only the patient is allowed to draw a portion of the maintenance money, by requisition, &c.

[COPY.]

Old Somerset Hospital,
Cape Town, 11th May, 1894.

No. 158/990.

SIR,—With reference to your letter of this date, I have the honour to state that Mina Wildschut (from Piquetberg) died on the 18th March, 1893, and that Jonas Minapore is still in this hospital under observation.

With regard to the percentage of doubtful cases, I beg to state that the register of leper patients passing to Robben Island has been kept here only since November, 1892. The number of names on the Register is 306, but four of these are twice entered, leaving 302. Of these there are :—

From the Colony	285
From Orange Free State	14
From Bechuanaland	1
And two doubtful returned from Robben Island	2
	302

These two doubtfuls are from Bechuanaland, and did not go to the Old Somerset Hospital.

There have been 14 doubtful cases in all. Of these there were :—

From the Colony	11
And from Bechuanaland	3
	14

I have the honour, &c.,

(Sgd.) J. HERBERT COX,

Surgeon-in-Charge.

The Under Colonial Secretary.

[Copy.]

Old Somerset Hospital,
Cape Town, 12th April, 1894.

No. 131/959.

DOUBTFUL CASES OF LEPROSY.

Sir,—With reference to your letter No. 8/1300/46, dated the 10th instant, I have the honour to send enclosed herewith as requested a return of the doubtful cases of leprosy received into this hospital since the promulgation of the Leprosy Act of 1884, and showing how they were disposed of.

I have the honour to be,

Sir,

Your obedient Servant,

(Sgd.) J. HERBERT COX,

Surgeon-in-Charge.

The Under Colonial Secretary.

RETURN OF LEPERS ADMITTED INTO OLD SOMERSET HOSPITAL, *en route* TO ROBBEN ISLAND, SINCE THE PROMULGATION OF THE LEPROSY REPRESSION ACT OF 1884, FOUND TO BE DOUBTFUL CASES: SHOWING HOW THEY WERE ULTIMATELY DISPOSED OF.

NAME.	Where received from.	Date of Admission.	Sex.	Class.	How disposed of.	Date of Disposal.	Remarks.
1. Mina	Piquetberg ..	25th Nov., 1892	F.	Coloured.	Sent to chronic sick wards, O. S. H.	6th Jan., 1893	Warrant No. 1/234, dated 5th Jan., 1893.
2. Maria Wilslagh ..	Wynberg ..	26th ,, ,,	,,	,,	Discharged	13th ,, ,,	,, No. 1/13, dated 12th July, 1893.
3. Catherine MacDonald (prisoner)	Albany ..	27th Feb., 1893	,,	,,	Transferred to House of Correction	12th May, ,,	,, No. 1/133, 10th May, 1893.
4. Katrina Goliath ..	Oudtshoorn ..	29th Aug., ,,	,,	,,	Transferred to chronic sick wards, O. S. H.	31st Aug., ,,	,, No. 1/307, 19th Sept., 1893.
5. Maclean (prisoner) ..	Stutterheim ..	15th Sept., ,,	M.	,,	Transferred to Convict Station	7th Oct., ,,	,, No. 1/327, 6th Oct., 1893.
6. Thomas April ..	Uitenhage ..	17th ,, ,,	,,	,,	Returned to Uitenhage ..	6th ,, ,,	,, No. 1/325, 5th Oct., 1893.
7. Esau Springbok ..	Prieska ..	18th ,, ,,	,,	,,	Transferred to chronic sick wards, O. S. H.	,, ,, ,,	,, No. 1/326, 5th Oct., 1893.
8. Jonas Minapoer ..	Barkly West .	23rd Nov., ,,	,,	,,	Under supervision, O. S. H.	..	,, No. 1/338, 17th Oct., 1893.
9. Kooskap	Bechuanaland	30th Dec., ,,	,,	,,	Transferred to chronic sick wards, O. S. H.	15th Jan., 1894	
10. Mafalonguna	,,	,, ,, ,,	,,	,,	Transferred to chronic sick wards, O. S. H.	,, ,, ,,	

Scale of Diet supplied Daily to Non-paying Leper Patients at Old Somerset Hospital.

Bread.		Meat		Potatoes.		Coffee.		Sugar.		Rice.		Tea.		Milk.		Salt.		Coals.		Wine
lb.	oz	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb	oz.	pts.	gls.	lb.	oz.	lb.	oz.	oz.
1	..	..	8	..	8	..	½	..	1½	..	3	..	⅛	..	1	..	½	1	8	4

Potatoes are issued only twice a week, viz., on Sundays and Thursdays, in lieu of Rice. Barley and Vegetable Broth is issued daily—made from oxheads.

[Copy.]

Robben Island,
16th April, 1894.

No. 30/792.

DOUBTFUL CASES OF LEPROSY.

Sir,—In reply to your letter of 10th instant, No. 8/1301/47, requesting me to furnish a return showing the names of all lepers admitted into the Robben Island Leper Asylum, &c., I have the honour to report that since the promulgation of the Leprosy Repression Act, 491 leper patients have been admitted into the Leper Asylum here. Of these sixteen were doubtful cases, *i.e.*, 3·62 per cent. of all cases admitted. In 1892, 268 patients were admitted, of whom two European females, and four coloured males, were doubtful cases, *i.e.*, 2·87 per cent. of total admissions for the year were doubtful cases. Of these six patients, one died shortly after admission, one was discharged, and four were transferred to the Old Somerset Hospital.

In 1893, 259 patients were admitted, of whom four coloured males, one coloured female, and one European female, were doubtful cases, *i.e.*, 2·4 per cent. of total admissions for the year. Of these six cases, one coloured male died, one was transferred to the Old Somerset Hospital, and two were discharged, one coloured female was discharged, and one (a child) is still under observation. In 1894, 33 patients have been admitted up to date. Of these, two coloured males, and two coloured females, are doubtful cases, *i.e.*, 12·12 per cent. of total admissions for the three and a half months are doubtful cases. These four cases are still on the island.

I may mention that, though these are all termed doubtful cases, there are many concerning which there was no doubt in my mind as to the nature of the disease, viz.: —1, 3, 4, 5, 7, 8, 9, 10, 13, 14, 15, of annexed list. In case No. 2, there was considerable doubt, as also in the case of patient No. 6. Concerning No. 12, I cannot yet give a decided opinion, though I believe she is a leper. No. 11 was placed under observation for some time before an opinion could be formed.

I have the honour to be,
Sir,
Your obedient Servant,
(Sgd.) S. P. IMPEY, M.D.,
Chief and Medical Superintendent.

The Under Colonial Secretary,
Cape Town.

Return showing the number of lepers admitted under warrant since the Promulgation of Leprosy Act to 16th April, 1894.

	1892.	1893.	1894.	Total.
Colonial lepers	204	202	33	439
Orange Free State lepers..	10	44	—	54
British Bechuanaland lepers	—	3	—	3
Total	214	249	33	496

Doubtful cases admitted without warrants not included in above.

1892 .. .. 4 Colonial lepers.
1893 .. .. 1 Colonial leper.
1894 .. .. 1 Bechuanaland leper.

RETURN SHOWING THE NAMES, SEX, RACE, &C., OF DOUBTFUL CASES OF LEPERS ADMITTED INTO THE ROBBEN ISLAND LEPER HOSPITAL, SINCE THE PROMULGATION OF THE LEPROSY ACT.

No. of Warrant.	Date of Warrant.	No.	Name.	Sex.	Race.	When Admitted.	Died, Discharged, and Transferred.	Remarks.
No warrant		1	Jacob Fischer.	M	C	26.7.92	Died.	Colonial.
6/754	4.7.92	2	Samson Ruiters	M	C	20.8.92	Transferred to O.S.H	,,
No warrant		3	Elizabeth S. Opperman	F	E	26.9.92	,,	,,
do.		4	Anna Opperman	F	E	26.9.92	,,	,,
do.		5	Joseph B. Opperman	M	C	26.9.92	,,	,,
1/89	7.10.92	6	Adam Adams	M	C	4.10 92	Discharged.	,,
1/118	4.4.93	7	Dynman Roloman	M	C	30.1.93	Discharged.	,,
1/128	25. 4.93	8	Ramazeur	M	C	24.7.93	Discharged.	,,
1/244	25.7.93	9	Lijs Joubert	F	C	24.8.93	Discharged.	,,
1/245	25.7.93	10	Hans Warwick	M	C	24.8.93	Died.	,,
1/367	13.11.93	11	Jan Molemole	M	C	28.9.93	Transferred to O.S.H	Orange Free State.
No warrant		12	Sophia J. Loubser	F	E	11.10.93		Colonial.
1/428	30.12.93	13	Lena Adolph	F	C	5.1.94		,,
1/429	30.12.93	14	Sena Adolph	F	C	5.1.94		,,
1/115	20.3.94	15	Klaas Kiviet	M	C	28.3.94		,,
No warrant		16	Seducaneel	M	C	12.2.94		Bechuanaland.

Bacteriological Branch,
Department of Agriculture,
Graham's Town, 17th May, 1894.

No. 571/60494.

SAMPLES OF TANK WATER FROM ROBBEN ISLAND.

Sir,—With reference to my letter of the 4th instant, No. 548/576, I have now the honour to report on the examination made by me of the samples of tank water from Robben Island, advised in your telegram of the 30th ultimo.

Having made examination for typhoid, no germs of that disease have been discovered.

The water from the tank for the use of males contains 49,280 bacteria per cubic centimetre, and that from the tank for the use of females contains 26,400 per cubic centimetre.

I have the honour to be,
Sir,
Your obedient Servant,
(Sgd.) ALEXANDER EDINGTON, M.B.,
Colonial Bacteriologist.

The Under Colonial Secretary,
Cape Town.

Government Analytical Laboratory,
Department of Agriculture,
Cape of Good Hope,
Cape Town, 4th May, 1894.

No. A57/524.

ANALYSIS OF WATER FROM ROBBEN ISLAND.

Report on the analysis of four samples of water from Robben Island, submitted by the Under Colonial Secretary on the 1st instant, and referred for analysis under cover of a communication from the Under Secretary for Agriculture, dated 2nd instant.

The samples were marked :—

Central well, nearly dry	23.4.94
New well, north	"
Village Lower windmill well	"
Village Upper "	"

I have analysed the samples and append the result of the analysis.

		Central Well.	New Well.
	Colour	light brown	greenish yellow.
	Odour	nil.	nil.
	Clearness	clear	slightly turbid.
	Suspended matter	trace	trace.
In parts per million.	Free Ammonia	·162	·116
	Alb. Ammonia	·256	·258
	Absorbed Oxygen : in 15 minutes	·088	·152
	Absorbed Oxygen : in 4 hours	2·856	3·312
	Phosphoric Oxide	much	much.
	Nitrates	much	trace.
	Nitrates	trace	slight trace.
In grains per gallon.	Chlorine	15·84	14·84
	Total solids	56·70	53·90

		Lower Windmill Well.	Upper Windmill Well.
	Colour	light brown	light green.
	Odour	nil.	nil.
	Clearness	clear	clear.
	Suspended matter	trace	trace.
In parts per million.	Free Ammonia	·124	·152
	Alb. Ammonia	·170	·134
	Absorbed Oxygen : in 15 minutes	·132	·088
	Absorbed Oxygen : in 4 hours	2·192	2·704
	Phosphoric Oxide	much	much.
	Nitrates	little	little.
	Nitrates	trace	trace.
In grains per gallon.	Chlorine	20·77	14·84
	Total solids	79·80	64·40

* * * *

(Sgd.) J. C. WATERMEYER,
Analyst.

Robben Island,
29th May, 1894.

No. 33/104.

WATER IN USE BY LEPERS.

SIR,—With reference to your letter of 28th inst., No. 8/1966/55, asking me to report for the information of the Leprosy Commission whether the lepers are at present supplied with water from the wells or not, &c., I have the honour to state that the water in the wells at the Female leper wards was very low, so that for culinary and domestic purposes the patients had to be supplied from the wells in the village; when the rain water became exhausted I got supplies from Cape Town. The last rain has given me a supply of water in the tanks, which will last for some time, so that I shall not again be obliged to get water from Cape Town, I hope.

I have the honour to be,
Sir,
Your obedient Servant,
(Sgd.) S. P. IMPEY, M.D.,
Chief and Medical Superintendent.

The Under Colonial Secretary,
Cape Town.

Re MAMWELL'S EVIDENCE.

Cape Town,
June 5th, 1894.

SIR,—I am directed to enclose certain evidence in which your name is mentioned, and to request that you will give any explanation you may have by return of post.

Yours obediently,
W. S. FLETCHER,
Secretary.

Dr. Impey.

Robben Island,
7th June, 1894.

Re Mamwell's evidence.

SIR,—In reply to your letter of 5th instant, forwarding copy of evidence given by Mr. Mamwell, I have the honour to state that I have never in one instance neglected to attend to the patients under my charge, and have no knowledge of the circumstance mentioned by Mr. Mamwell.

On the 10th of May, 1893, in signing the Night Report Book for that day, the page was accidentally pushed up and I signed on the wrong page. I did not know this until the head attendant, Mr. O'Dea, drew my attention to it the next day. Mr. O'Dea remembers the circumstance. I may mention that Mamwell is a man with a grievance, of whom I was very glad to get rid. Shortly after his arrival on the island he quarrelled with the then caterer for the mess, with the result that the caterer resigned and Mamwell took the work. His catering was so unsatisfactory that the men came in a body to me. I made certain proposals to them which they thankfully accepted. I got the Government to appoint Mrs. O'Dea as cook for the men's mess, which was located at Mrs. O'Dea's house. The room used by the attendants for a mess-room becoming vacant, I gave it to the clerks as a mess-room.

I have never at any time refused to see anyone on the island, but I have had to put Mamwell down for impertinence. I am told that Mamwell has been airing his grievances in a paper called *The Cape Register*.

I have the honour to be,
Sir,
Your obedient Servant,
S P. IMPEY, M.D.,
Chief and Medical Superintendent.

The Secretary to the Leprosy Commission,
Cape Town.

Return Showing the Number of Persons on Robben Island, on the 12th May, 1894.

		Lepers.	Lunatics.	Adults.	Children.	Total.
Officers and Employés		..	..	52	..	52
Families of Officers and Employés ..		..	..	38	115	153
Servants of „ „ ..		..	..	14	..	14
Male Lunatics	187	..	280	..	..	187
Female „	93					93
Male Paupers		..	..	2	..	2
Female „		..	..	1	..	1
Male Lepers	343	555	..	343	..	343
Female „	212			212	..	212
Non-leprous Children		..	..	..	13	13
Male Lunatic Attendants		..	..	25	..	25
Female „ „		..	..	13	..	13
Male Leper Attendants		..	..	11	..	11
Female „ „		..	..	3	..	3
Works Department		..	..	80	..	80
Lighthouse Keepers		..	..	2	..	2
Families of Lighthouse Keepers ..		..	..	2	9	11
Convicts..		..	..	100	..	100
Constables		..	..	31	..	31
Families of Constables		..	..	3	5	8
Totals		555	280	1,212	142	1,354

RETURN showing the number of Whites, Hottentots, Kafirs, &c., admitted into the Leper Hospital, Robben Island, since the promulgation of the Leprosy Act of 1884, to 6th June, 1894:—

	Number.
Whites	41
Hottentots	139
Kafirs	149
Indians	3
Mozambiques	8
Mixed	173
Total	513

RETURN showing the total number of Colonial and Orange Free State Lepers on Robben Island in 1893:—

	Total number.
Colonial Lepers	560
Orange Free State Lepers	103
Total	663

LIST OF OFFICIAL VISITORS TO ROBBEN ISLAND.

Dr. ROUX,
„ J. WATERSTON,
Mr. F. RUTHERFOORD,
„ FLEMING,
„ W. E. MOORE,
„ D. MUDIE.

LEPROSY REPRESSION ACT, 1884.

Warrant under Section I. for Detention of a Leper.

To.....
.....
and to.....
.....

WHEREAS it has been duly certified to His Excellency the Governor that .....
residing at.....
in the District of.....
is suffering from the disease known as Leprosy, and that the fact that the said .....
is at large is likely to spread such disease.

These are, therefore, to command you the said.....
.....
to cause the said.....
.....
to be removed to the.....
.....

And these are also to command you the said.....
.....
to receive the said.....
.....
into your custody, there to be detained during the pleasure of His Excellency the Governor, and kept apart from contact with all other inmates of the said hospital or asylum who are not afflicted with the same disease.

Given under my hand at Cape Town, this.....day of 189 .

By Command of His Excellency the Governor,

.....
Under Colonial Secretary.

DIET SCALE.

Lunatics, Paupers, and Lepers.

Sunday.	lb.	oz.	Monday.	lb.	oz.	Tuesday.	lb.	oz.	Wednesday.	lb.	oz.	Thursday.	lb.	oz.	Friday.	lb.	oz.	Saturday.	lb.	oz.
Bread, White ..	1		Bread, White ..	1		Bread, White ..	1		Bread, White ..	1		Bread, White ..	1		Bread, White ..	1		Bread, White ..	1	
Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$	Coffee		$\frac{1}{4}$
Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$	Tea		$\frac{1}{8}$
Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$	Sugar		$1\frac{1}{2}$
Milk, Condensed			Milk, Condensed			Milk, Condensed			Milk, Condensed			Milk, Condensed			Milk, Condensed			Milk, Condensed		
Roast Beef, M...		12	Stewed Mutton, M.		12	Stewed Mutton, M.		12	Roast Beef, M...		12	Stewed Mutton, M.		12	Roast Mutton, M.		12	Stewed Mutton, M.		12
,, ,, F...		10	,, ,, F.		10	,, ,, F.		10	,, ,, F...		10	,, ,, F.		10	,, ,, F.		10	,, ,, F.		10
Potatoes.. ..		8	Potatoes		8	Potatoes		8	Vegetables ..		8	Potatoes		8	Potatoes		8	Potatoes		8
Vegetables ..		8	Vegetables .		8	Onions		8	Rice		3	Vegetables ..		8	Vegetables ..		8	Onions		8
Pudding: Flour		4	Soup 1 pt.: Meal .		$\frac{1}{8}$	Soup 1 pt.: Meal..		$\frac{1}{8}$	Sugar		$1\frac{1}{2}$	Soup 1 pt.: Meal..		$\frac{1}{8}$				Soup 1 pt.: Meal..		$\frac{1}{8}$
Pudding: Raisins		1	Soup 1 pt.: Rice..		1	Soup 1 pt.: Rice..		1	Soup 1 pt.: Meal..		$\frac{1}{8}$	Soup 1 pt.: Rice..		1				Soup 1 pt.: Rice ..		1
Pudding: Sugar		1	Soup 1 pt.: Curry			Soup 1 pt.: Peas..		2	Soup 1 pt.: Rice..		1	Soup 1 pt.: Beans.		$1\frac{1}{2}$				Soup 1 pt.: Peas ..		2
Pudding: Suet ..		1	Soup 1 pt.: Pdr.		$\frac{1}{8}$				Soup 1 pt.: Beans.		$1\frac{1}{2}$									
			Soup 1 pt.: Beans		$1\frac{1}{2}$															

Spoon Diet.

White Bread ..	$\frac{1}{2}$ lb.	Soup	1 pint
Coffee	$\frac{1}{4}$ oz.	Arrowroot or Sago	
Tea	$\frac{1}{8}$ oz.	or Maizena	1 oz.
Sugar	2 oz.	Butter	1 oz.
Fresh Milk	2 pints.	Eggs	2

Working Diet, Males.

Eggs	1	
Butter	1 oz.	
Snuff..	1 oz.	weekly.
Tobacco (Cav. or Boer optional)	2 oz.	weekly.

Working Diet, Females.

Butter ..	1 oz.	Tobacco	If asked for 1 oz. weekly.
Coffee ..	$\frac{1}{4}$ oz.	Snuff	If asked for 1 oz. weekly.
Sugar ..	1 oz.		
Milk ..	$\frac{1}{2}$ gill.		

LEPERS ADMITTED TO ROBBEN ISLAND INFIRMARY.

During the year 1845, 37 admissions; 1846, 35; 1847, 17; 1848, 26; 1849, 18; 1850, 14; 1851, 7; 1852, 13.*

* Taken from Appendix [B]. page ix prepared by Dr. Biccard, S. S. Robben Island Asylum, Select Committee on the spread of Leprosy, House of Assembly, 1883.

Year.	Admissions.		Discharged.		Died.		Average Daily Number in Infirmary.
	M.	F.	M.	F.	M.	F.	
*1853 ..	18	4	2	3	10	5	59·3
1854 ..	10	4	5	4	6	3	63·4
1855 ..	13	4	4	6	7	5	60·5
1856 ..	16	5	15	..	9	3	48·1
1857† ..	12	6	7	..	6	5	50·3
1858 ..	17	1	6	..	8	3	50·5
1859 ..	15	4	4	2	11	2	48·9
1860 ..	10	6	1	1	7	3	52·1
1861 ..	18	12	4	4	10	7	56·8

(Sgd.) J. C. MINTO, Surgeon Superintendent.

* Taken from Report of Commission of 1862.

Year.	Admissions.		Total under Treatment.		Discharged.		Died.		Total Number of Patients during the Year.
	M.	F.	M.	F.	M.	F.	M.	F.	
*1862 ..	15	5	55	19	3	1	8	0	74
1863 ..	12	11	56	29	9	6	10	1	85
1864 ..	5	8	42	30	1	2	4	5	72
1865 ..	21	14	58	37	11	6	12	6	95
1866 ..	11	8	46	33	5	2	6	4	79
1867 ..	12	8	47	35	2	4	10	4	82
1868 ..	12	9	47	36	0	6	12	1	83
1869 ..	9	6	44	35	2	8	6	5	79
1870 ..	13	12	49	34	6	5	7	8	83
1871 ..	25	2	61	23	5	22	8	1	84
1872 ..	17	..	65	..	18	..	9	..	65
1873* ..	17	..	55	..	6	..	7	..	55
1874 ..	19	..	61	..	6	..	15	..	61
1875 ..	13	..	53	..	13	..	9	..	53
1876 ..	17	..	48	..	9	..	5	..	48
1877 ..	26	..	60	..	11	..	8	..	60
1878 ..	19	..	60	..	10	..	7	..	60
1879 ..	13	..	56	..	10	..	7	..	56
1880 ..	15	..	54	..	2	..	10	..	54
1881 ..	24	..	66	..	4	..	12	..	66
1882 ..	21	..	71	..	15	..	17	..	71
1883 ..	23	..	62	..	13	..	5	..	62
1884 ..	25	..	69	..	5	..	10	..	69
1885 ..	14	..	68	..	0	..	13	..	68
1886 ..	21	..	76	..	5	..	9	..	76
1887† ..	24	27	86	27	11	2	9	3	113
1888 ..	28	12	94	34	4	3	9	5	128
1889 ..	36	15	117	41	6	5	24	8	158
1890 ..	16	5	103	33	3	5	18	5	136
1891 ..	23	29	111	34	1	1	16	5	145
1892 ..	207	131	301	159	6‡	1	26	14	460
1893 ..	148	102	420	243	9‖	3	80	34	663

* Returns taken from Reports on Hospitals and Asylums presented to Parliament.
* Female Lepers removed to O. S. Hospital.
† Female Lepers returned to R. I.
‡ 6 transferred.
‖ 2 transferred included.

LEPER ASYLUM.

TABLE showing number of Deaths during each month since 1871, also total of Deaths during the respective months and years.

Year.	1	2	3	4	5	6	7	8	9	10	11	12	Total.
1871	1	1	1	..	1	..	1	3	..	..	..	1	9
1872	1	1	1	1	1	2	..	1	..	1	..	..	9
1873	..	..	..	..	1	2	1	1	1	1	..	..	7
1874	1	1	1	2	2	..	1	3	1	1	1	..	14
1875	2	..	3	2	..	..	..	..	..	1	..	..	8
1876	1	..	1	..	1	1	..	..	1	..	..	..	5
1877	..	1	1	1	..	1	1	..	..	1	..	2	8
1878	1	2	..	1	..	..	..	..	1	1	1	..	7
1879	3	..	..	2	1	..	1	..	..	..	..	..	7
1880	1	1	1	1	..	..	..	..	1	1	1	3	10
1881	..	..	1	..	1	2	..	2	1	2	3	..	12
1882	..	..	3	1	1	..	5	1	2	..	2	2	17
1883	1	1	..	..	1	1	..	1	..	1	..	..	6
1884	1	..	..	..	1	..	..	3	..	3	..	2	10
1885	3	1	1	2	1	..	1	..	1	1	..	2	13
1886	..	..	..	..	1	1	3	1	1	..	2	..	9
1887	2	2	..	1	..	1	1	1	2	1	1	..	12
1888	1	1	1	..	1	..	4	3	..	..	3	..	14
1889	2	2	3	1	..	2	2	2	3	6	5	3	31
1890	4	..	3	1	1	2	2	1	..	1	4	4	23
1891	2	1	3	..	3	..	3	2	3	2	1	1	21
1892	2	5	4	4	1	4	1	5	4	3	3	4	40
1893	11	8	5	5	9	10	5	5	14	14	14	14	114
Total	40	28	33	25	28	29	32	35	36	41	41	38	406

TABLE showing age of Lepers admitted in 1893, in Quinquennial Periods at time of Admission, with Average.

Age of Patients, Years.	No. of Patients.	Average Age.
1— 5	1	34·4 years.
5—10	6	
10—15	15	
15—20	47	
20—25	26	
25—30	33	
30—35	29	
35—40	26	
40—45	20	
45—50	14	
50—55	6	
55—60	13	
60—65	9	
65—70	3	
70—75	1	
75—80	1	
80—85	—	

TABLE showing how long the 114 Leper Patients who Died in 1893 lived in the Hospital after Admission, with Average Stay.

No. of Patients.	No. of Years.	Average Stay.
65	Within one year.	1 year and 6 months.
26	1—2 years.	
7	2—3 ,,	
5	3—4 ,,	
3	4—5 ,,	
2	5—6 ,,	
2	6—7 ,,	
2	7—8 ,,	
1	8—9 ,,	
1	9—10 ,,	

CAUSE OF DEATH of Lepers who died during the Year 1893.

Cause of Death.	Lepers.		Total.
	Males.	Females.	
Necrosis of Tibia	..	1	1
Leprosy	4	2	6
Dysentery	5	2	7
Phthisis	22	9	31
Laryngitis	3	1	4
Syncope	2	2	4
Epithelioma	1	..	1
Congestion of the Lungs	1	..	1
Diarrhœa	1	5	6
Septicæmia	3	..	3
Nephrites	5	1	6
Asthenia	..	2	2
Pleurisy	6	..	6
Erysipelas	5	..	5
Pyæmia	1	..	1
Pneumonia	1	1	2
Exhaustion	1	..	1
Hepatitis	1	..	1
Marasmus	11	5	16
Peritonitis	2	2	4
Epistaxis	1	..	1
Cardiac Syncope	3	..	3
Rupture of Blood Vessel	..	1	1
Heart Disease	1	..	1
Total	80	34	114

PROPOSED PAVILION AT ROBBEN ISLAND FOR NON-LEPROUS CHILDREN.

Cape Town,

29th March, 1894.

SIR,—With reference to your letter of the 22nd inst., relative to the above, I have the honour to inform you that the Commission are of opinion that the non-leprous children should be removed to the mainland and restored to their relatives, and in the case of those without relatives, that other provision should be made for them on the mainland.

The Commission are of opinion that to separate these children from their mothers and retain them on the island would be a source of irritation and trial to the parents, and increase the difficulty of administration.

The Commission are further of opinion that a record, embracing a full description of the present condition of the children, with special reference to the presence or absence of the early symptoms of leprosy, be kept, and that they be medically inspected from time to time.

I have the honour to be,

Sir,

Your obedient Servant,

C. F. K. MURRAY, M.D.,

Chairman.

The Under Colonial Secretary.

ROBBEN ISLAND ASYLUM.

Return Showing Number of Officers of Leper Asylum.

MALE LEPER WARDS.

Staff.

			£	s	d.	
1.	Lay Superintendent ..	W. A. Fitch	0	9	7	per diem.
2.	Attendant	J. W. Dewhirst ..	0	3	4	„
3.	„	J. G. Marshall	0	3	4	„
4.	„	A. Nenner	0	3	4	„
5.	„	E. Smith	0	3	4	„
6.	„	W. Ransdale	0	3	4	„
7.	„	G. T. Mobray	0	3	4	„
8.	„	J. G. Hardwick ..	0	3	4	„
9.	„	W. R. Hurford ..	0	3	4	„
10.	„	W. Straiton	0	3	4	„
11.	„	T. W. Gibbs	0	2	9	„
12.	„	R. Sibbald	0	3	4	„
13.	Nurse	L. Pouncey	0	3	4	„
14.	„	M. Green	0	3	4	„
15.	Cook to Nurses ..	E. M. Stuart	0	1	6	„
16.	Engine Driver.. ..	T. Maddon	0	5	0	„
17.	Head Cook	W. House	0	3	4	„
18.	Assistant Cook.. ..	J. Marshall	0	3	4	„
19.	Shoemaker	F. King.. . ..	64	0	0	per an.

FEMALE LEPER WARDS.

Staff.

			£	s.	d.	
1.	Matron..	Mrs. Dill	0	3	4	per diem.
2.	Nurse	L. Meikel	0	2	9	„
3.	„	M. Eldridge . ..	0	2	0	„
4.	Messenger	M. Franzen	0	10	0	per mth.

MALE LEPER WARDS.

Staff Working Patients.

			£	s.	d.	
1.	Laundryman	W. Rensburg	2	5	0	per mth.
2.	„	J. Small..	2	5	0	„
3.	„	M. Harris	1	10	0	„
4.	„	A. Adams	1	10	0	„
5.	„	J. Damion	1	10	0	„
6.	„	J. Williams	1	5	0	„
7.	„	F. Christian	1	5	0	„
8.	„	William..	1	5	0	„
9.	„	G. Albertyn	1	5	0	„
10.	„	P. Rogers	0	15	0	„
11.	„	A. Isaacs	0	12	6	„
12.	Sculleryman	C. August	0	12	6	„
13.	„	B. Samuels	0	12	6	„
14.	„	A. Venter	0	10	0	„
15.	„	T. Goliath	1	0	0	„
16.	„	A. May	1	0	0	„
17.	Ward Assistant ..	J. Ezekiel	1	0	0	„
18.	„	C. Coetzee	1	0	0	„

19.	„	J. Molote	0	12	6	per mth
20.	„	A. Pekoli	0	12	6	„
21.	„	Tom	0	12	6	„
22.	„	Manana	0	10	0	„
23.	„	Barni	0	12	6	„
24.	„	G. Tank	0	12	6	„
25.	„	A. Schreyn	0	12	6	„
26.	„	Isaac	0	12	6	„
27.	„	Gert	0	10	0	„
28.	„	G. Jurgens	0	10	0	„
29.	„	C. Raff	0	10	0	„
30.	„	T. Pedro	0	12	6	„
31.	„	J. Schoenhoek	0	10	0	„
32.	„	J. Aronluis	0	12	6	„
33.	„	G. Junkers	0	12	6	„
34.	„	Adrian	0	12	6	„
35.	„	A. Cloete	0	10	0	„
36.	„	D. Jantjes	0	12	6	„
37.	„	B. Faro	0	12	6	„
38.	„	K. Solomon	0	10	0	„
39.	„	J. Adonis	0	10	0	„
40.	„	A. Jephtha	0	10	0	„
41.	Dressers	A. Rudolf	0	12	6	„
42.	„	C. Lewark	0	12	6	„
43.	„	H. Gevenberg	0	12	6	„
44.	„	P. Carolous	0	10	0	„
45.	„	P. Peters	0	12	6	„
46.	„	J. Morkel	0	12	6	„
47.	„	A. Wymins	0	12	6	„
48.	Tailor	J. Warrens	1	15	0	„
49.	„	J. Gabriels	1	15	0	„
50.	Sanitary Work	H. Haarch	0	6	0	„
51.	Grave Digger	W. Neaipi	0	12	6	„
52.	„	Godlieb	0	12	6	„
53.	„	A. Noble	0	10	0	„
54.	Shoemaker	B. Konten	0	12	6	„
55.	Outside Sanitary	J. Williams	0	10	0	„
56.	Work	G. Bartman	0	10	0	„
57.	Outside Sanitary	K. Brecht	0	10	0	„
58.	Work	P. Tontzers	0	10	0	„
59.	„	Kleinbooi	0	10	0	„
60.	„	P. Kolile	0	10	0	„
61.	„	A. Cooper	0	10	0	„
62.	„	H. Isaacs	0	10	0	„
63.	„	K. Andrews	0	10	0	„
64.	„	K. Jantjes	0	10	0	„

FEMALE LEPER WARDS.

Staff Working Patients.

			£	s.	d.	
1.	Ward Assistant	M. Nagel	1	0	0	per mth.
2.	„	C. Arends	1	0	0	„
3.	„	L. Paulson	1	0	0	„
4.	„	F. Carolus	1	0	0	„
5.	„	E. Poles	1	7	6	„
6.	„	M. Williams	1	0	0	„
7.	„	R. Rogers	1	0	0	„
8.	„	A. Arends	1	0	0	„
9.	Cook	C. Van Wyk	1	0	0	„
10.	„	S. Williams	1	0	0	„
11.	Assistant Cook	H. Simpen	0	7	6	„

12.	„	R. Nertemnan	0	7	6	per mth.
13.	„	A. David	0	7	6	„
14.	Servant to Mrs. Laubser	T. Hendricks	0	10	0	„
15.	Sanitary Work ..	F. Van Wyk	0	10	0	„
16.	Washerwoman.. ..	R. Skarneck	0	6	0	„
17.	Wardswoman	E. Oppel	0	5	0	„
18.	„	F. Grunberg	0	5	0	„
19.	„	M. Washeim	0	5	0	„
20.	„	G. Campfer	0	5	0	„
21.	„	S. Najaman	0	5	0	„
22.	„	J. May	0	5	0	„
23.	„	J. Dietloff	0	5	0	„
24.	„	L. Jolly..	0	5	0	„
25.	„	A. Klenberg	0	5	0	„
26.	„	J. Petersen	0	5	0	„
27.	„	F. Jonas	0	5	0	„
28.	„	A. Majainan	0	5	0	„
29.	„	M. Felize	0	5	0	„
30.	„	D. Hendricks	0	5	0	„
31.	„	B. Rotel	0	5	0	„
32.	„	G. Werneek	0	5	0	„
33.	„	L. Mentor	0	5	0	„
34.	Nurse to Child.. ..	R. Campfer	0	5	0	„
35.	Porter	L. Johns	0	7	6	„
36.	Nurse	A. Armold	0	5	0	„

List of Books kept in connection with Leper Asylum, and Returns and Reports made to the Colonial Secretary.

1. Register of Number, Name, Date of Admission, &c.,
2. Burial Register.
3. Case Books.
4. Book of Photographs.
5. Monthly Return of Number Admitted, Died, Discharged, &c.
6. Certificate of Newly-admitted Patient.
7. Weekly Return of Lepers Admitted.
8. Weekly Return of Lepers Died or Discharged, &c.
9. Weekly Return of Vacancies.

Return of Criminal Lepers on Robben Island.

Name.	District.	Crime and Sentence.	Date of Sentence.	Remarks.
Roze Dynman	St. Mark's ..	Unknown	..	
Fagi	Cathcart	Housebreaking—3 months' h.l. ..	3.11.93	
Daniso	K. William's Town	Theft—12 months' h.l.	15.1.93	
Baart Kouter	Ceres	Theft—6 months' h.l.	24.2.93	
Adam Jacobus	..	Unknown	..	Sentence remitted.
Klaas Stuurman.. ..	Graaff-Reinet ..	Theft—12 months' h.l.	27.8.91	
Hans Isaacs	Hope Town ..	Comp. 12 sec. Act. $\frac{17}{32}$—Fined £3, or 1 month	19.2.92	
Adam Pekole	E. D. Ct. ..	Cul. Homicide—7 years' h.l... ..	..	C. O. letter $4\frac{1768}{222}$dd., 13.5.92, directs him to be received as a patient only.
Catherine Arends ..	Stellenbosch ..	Theft—12 months' h.l.	23.6.91	
Stenekamp Smith ..	Kimberley ..	.. ..	..	Admitted 1893.
Jim	" ..	Unknown	..	" 1893.
Jacob	" ..	Papers merely say—Prisoners ..	..	" 1892.
Saltpetre	" ..	" " ..	..	" 1892.
Gert Baartman	Bedford ..	" " ..	..	" 1892.

Return showing number of Officers Resigned or Dismissed since the Promulgation of the Leprosy Repression Act.

ATTENDANTS—MALE LEPERS.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
J. Murray	29.9.93	9.3.94	R.	To better himself.
R. Taggart	1.2.93	24.4.93	R.	Left for England.
A Ballan	17.3.93	3.6.93	D.	Drunkenness.
E. Bernier	30.3.93	17.4.93	R.	Quarrelsome.
D. Munro	18.3.93	15.1.94	R.	Left for New Zealand.
G. M. Thompson ..	14.12.92	7.6.93	R.	Transferred to General Office.
E. Elder	23.11.92	13.12.92	R.	Too old for work.
F. Flowers	21.12.92	24.6.93	R.	To better himself.
J. Rennick	16.12.92	27.3.93	D.	Drunkenness.
J. Mansfield	10.1.93	27.9.93	R.	Left for England.
W. Loxley	24.12.92	18.9.93	R.	Left for England.
J. Hardwick	4.1.93	27.9.93	R.	Ill-health.
E. Swindell	26.2.92	23.12.92	R.	To better himself.
C. Spaire	20.8.92	6.9.92	D.	Drunkenness.
A. K. Parker	17.10.92	13.1.93	R.	Left for England.
J. H. Green	10.12.92	23.12.92	R.	Ill-health.
F. Spurier	29.9.93	4.11.93	D.	Drunkenness.

COOKS AT MALE LEPERS.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
C. M. Killar	10.1.93	1.2.93	..	Drunkenness.
William Me (boy) ..	6.2.93	16.1.94	R.	Left for New Zealand.
E. Savage (boy) ..	26.7.92	10.10.92	D.	Carelessness in leper kitchen.
H. McKay	18.10.92	3.1.93	R.	Incompetent.
H. Homby	5.1.93	9.1.93	D.	Incompetent.
W. Scheper (boy) ..	5.12.92	31.12.92	R.	Take up another situation
A. Savage (boy) ..	10.9.92	4.12.92	R.	Father left the island.
H. Sheldon	25.7.92	28.10.92	D.	Assaulting a lunatic.
James Me	7.1.93	24.3.93	D.	Carelessness in leper kitchen.
G. Boomsma	23.8.92	9.1.93	R.	To better himself.

COOKS AT NURSES' HOME.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
Sarah Collison	25.8.92	6.9.92	D.	Incompetent.
S. A. Rowan	5.9.92	14.10.92	D.	Unsatisfactory.
M. Ewart	14.10.92	23.12.92	D.	Unsatisfactory.
Mary Jansen	24.12.92	21.3.93	D.	Unsatisfactory.
Emily Hart	1.4.93	4.1.93	R.	

Return showing Number of Officers Resigned or Dismissed since the Promulgation of the Leprosy Repression Act—(*Continued*).

NURSES FEMALE LEPERS.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
E. Pavel	20.5.92	31.5.93	R.	No reason given.
B. Held	13.6.92	30.6.92	R.	Unsatisfactory worker.
L. Voigt	20.9 92	31.10.92	D.	Incompetent.
J. Knudsen	1.6.93	31.9.93	R.	Married.
A. Wilson	20.9.93	16.3.94	R.	Because Matron resigned.
W. Pavel	20.5.92	16.11.92	D.	Services dispensed with.

COOK FEMALE LEPERS.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
C. O'Reilly	10.10.91	13.6.92	D.	Unsatisfactory work.

ERRAND BOY.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
W. Franzen	1.7.93	8.11.93	R.	Take up work in Cape Town.

NURSES MALE LEPERS.

Name.	Engagement.	Date of Dismissal or Resignation.	—	—
E. Campbell	1.10.92	3.3.93	D.	Too old for work.
H. Selwyn	12.10.92	28.11.92	D.	Too old for work.
A. Foster	1.1.93	30.5.93	R.	Temporary appointment.
Ivy Gardner	9.3.93	30.6.93	R.	Not stated reasons.
M. Roberts	17.7.93	16.12.93	R.	Ill-health.
G. Williams	20.8.92	30.10.92	R.	Temporary appointment.
E. Downes	13.6.92	13.6.93	R.	Married.
H. J. Cloete	20.8.92	31.12.92	R.	Temporary appointment.
M. Brooks	10.9.92	31.3.93	R.	Left for England.
A. Lane	1.10.92	20.5.93	R.	Disagreement with Nurses.
E. M. Cloghry ..	1.4.93	15.4.93	R.	
A. Fredrique	21.4.93	21.5.93	R.	Disagreement with Nurses.
E. Simmonds	1.4.93	10.7.93	R.	No reason given.

LEPER PRISONERS.

CONVICT SERVICE.
CIRCULAR No. 9 OF 1892.

Attorney-General's Office,
Cape Town, 12th May, 1892.

SIR,

LEPROSY REPRESSION ACT 1884.

With reference to the notification in the *Gazette*, promulgating this enactment, I am directed by the Attorney-General to instruct you on no account whatever to permit lepers to be detained in the sick wards, or any other portion of the prison, or any lock-up in your district.

2. If any person who is committed on a criminal warrant is found to be a leper, the case should be reported forthwith to this department in order that the Attorney-General may decide what measures to adopt with respect to him.

3. Be good enough to hand a copy of this circular to the Goaler of the district prison, and to the keeper of each Lock-up in your district.

I have the honour to be,
Sir,
Your obedient Servant,
JOHN J. GRAHAM,
Secretary to the Law Department.

To each Resident Magistrate.

CONVICT SERVICE.
CIRCULAR No. 13 OF 1892.

Attorney-General's Office
Cape Town, 1st July, 1892.

SIR,

LEPER PRISONERS: REMOVAL TO ROBBEN ISLAND.

I am directed to inform you that arrangements have now been made for the accommodation of all leper prisoners as ordinary patients at Robben Island, and to request you to be good enough in each case, as soon as the disease is established, to take the necessary steps, under the Leprosy Repression Act of 1884, for the removal of the person afflicted.

You should, however, in each case report to this department the nature of the offence committed by the prisoner, and the fact that you are taking steps for his removal in order that the Attorney-General's approval of your action may be secured.

I have the honour to be,
Sir,
Your obedient Servant,
JOHN J. GRAHAM,
Secretary to the Law Department.

To each
Resident Magistrate and
Superintendent of a
Convict Station.

A752. 7-92

TRANSPORT OF LEPERS.

Leprosy Commission,
Cape Town,
March 7th, 1894.

SIR,—The Commission appointed by the Government to enquire into the cause and spread of leprosy have been given to understand that you recently brought down two lepers by rail, in transit to Robben Island.

I shall be much obliged if you would give the Commission any information in your

power regarding the transit of lepers by rail, what certificates you were furnished with, where you delivered the patients, what arrangements are made for food supply, &c., and any other details bearing on the subject.

Would you state also whether leprosy is prevalent in your district.

I am,
Sir,
Your obedient Servant,

W. S. FLETCHER,
Secretary.

Mr. A. E. Fowler, Herschel.

Herschel,
March 12th, 1894.

To the Secretary,
Leprosy Commission,
Cape Town.

Sir,—I have the honour to acknowledge receipt of your letter of the 7th inst., and in reply beg to state that I shall be most happy to render the Commission every assistance I possibly can. I have assisted the Government in supervising the work at the Leper Hospital here since the 23rd of September, 1892. On the 23rd September, 1893, a batch of seven lepers were removed from Herschel to Robben Island; on that occasion two leper females remained behind owing to their weak state of health. On the 13th ultimo I left Herschel *en route* for Cape Town, the two lepers and their attendant being driven in a Cape cart drawn by four mules. I rode on horseback; we arrived in Aliwal North about 4.30 p.m. the same afternoon. I communicated with the Resident Magistrate of that town, having had an official letter for that gentleman from the Resident Magistrate of Herschel, *re* obtaining a supply of food for the journey consisting of bread and meat, as no accommodation is provided by the Government for cooking on the journey. The Resident Magistrate of Aliwal North was asked by the Resident Magistrate of Herschel that the District Surgeon of Aliwal be requested to inspect the lepers, his inspection being satisfactory. I then proceeded to the Railway Station, and handed the Stationmaster an official letter from the Resident Magistrate of Herschel. I requested him to allow me to put the lepers into their carriage so as to enable them to have a good night's rest before starting next morning; he agreed. I saw them placed into the hospital carriage, equipped with sufficient blankets and provisions, and gave them brandy in tea, about a teaspoonful, before retiring that night. On the 4th ultimo at eight a.m. we left per train for Cape Town; whenever I thought necessary I gave them a teaspoonful of brandy in tea; the latter I obtained at different stations along the journey. At Naauwport Junction the leper carriage was detached from the passenger train, and we had to wait fully ten hours there; we were then hooked on to the goods train arriving in Cape Town about 12.30 a.m. on Saturday, the 17th, having been four-and-a-half days and three nights on the road. I consider that the Government could make far better arrangements than they have at present for the conveyance of lepers travelling a long distance. These poor afflicted and despised creatures are closed in a small space 8 by 10, and if not provided with all necessary requirements, and some competent person in charge of them to see that their wants are attended to, they simply get no attention whatsoever. Food must in every case be carried with them. The lepers were delivered at the Old Somerset Hospital, Cape Town; the following Monday they proceeded to Robben Island. The Resident Magistrate of Herschel gave me instructions that every possible arrangement was to be made to make the lepers comfortable. In my own opinion, and also that of a great many residents of many years' standing, we consider that leprosy is prevalent in this district, and I think it would be a difficult matter to arrive at the exact number of lepers in the district, as a great many try to hide the fact from outsiders that they are afflicted with this disease.

I have the honour to be,
Sir,
Your obedient Servant,

ARTHUR E. FOWLER.

The following are the certificates which accompanied lepers :—

District Surgeon's Certificate.
Justice of the Peace or Field Cornet's Certificate.
Statement of Ages, &c., under Leper Act.
Statement for Colonial Secretary under Leper Act 1884.

LETTERS *re* ADMINISTRATION.

Robben Island,
16th April, 1894.

Dear Dr. Impey,

On taking over the male leper wards again I should be glad to be informed, in order to assist me in carrying out my duties, if you were able to find any grounds for the numerous complaints which you stated in your letters of February 4th and 6th had been made you by the male lepers, and which were of so serious a nature that you found it necessary to take over the wards yourself to investigate. I should also like to know what the several complaints were, and if they have been remedied.

I wish, further, for definite instructions as to the continuance of alterations which have been made in discipline, &c., during the two months you have had charge of the male leper wards, and which are of such a nature that, should I discontinue them (and I disapprove of most of them), I anticipate serious trouble, if not disturbance.

1. The issue of dagga: I understand there are over 30 men now receiving dagga daily; the first man who received it had only a short time previously been reported to you by me as threatening another man's life in the wards.

2. The permission of female relatives of male lepers to stay over from one boat day to another.

3. The daily visits of female lepers to male lepers on request of the latter outside of the usual visiting day.

4. The issue of such extras, as sardines, &c.: I would be much assisted if I could be furnished with a list of extras which can be ordered by the medical officer.

5. The issue of surgical dressings, olive oil, &c., to be applied in the wards instead of in the dressing-room at No. 1 pavilion.

6. The issue of passes for the steamer: Your letter of the 4th January, *re* passes for lepers having friends in Cape Town, has not been adhered to.

Yours truly,

P. EVERARD TODD, M.B.

Chief and Medical Superintendent,
Robben Island.

Robben Island,
17th April, 1894.

Dear Dr. Todd,

In answer to your letter of yesterday's date, I have the honour to state that I think it quite unnecessary to explain why I took over the male leper wards for a time, and that whether you approve of my management of the wards or not is a matter of perfect indifference to me.

With regard to your request for instructions *re* certain matters I have the honour to state:—

1. Issue of dagga: This is a matter which I must leave to your discretion, though I see no harm in issuing a very limited quantity to men who can be trusted—as a special privilege. If the privilege is abused, it must be stopped at once.

2. The permission of female relations of male lepers to stay over from one boat day to another, or longer, is a matter which must be dealt with by me alone, though I shall be pleased to consider any recommendation you may wish to make.

3. Daily visits of female lepers to the male wards in certain cases where the male lepers are dangerously ill, or in a dying state, I have allowed the female friends to see the patient every day. I think this might be continued, though the whole matter of visits of either male or female lepers should be regulated according to your discretion,

4. I cannot give you a list of extras which could be ordered by the medical officer in charge of any part of the institution, as it is a purely personal matter. If you think any of the patients under your charge for medical reasons require sardines, by all means give them to him or her.

5. With regard to the issue of surgical dresssings, you must use your own discretion.

6. *Re* passes for steamer, adhere to instructions conveyed in my letter of the 4th January; in exceptional cases exercise discretional powers.

Yours truly,

S. P. IMPEY, M.D.,
Chief and Medical Superintendent.

The Assistant Medical Officer,
Robben Island.

PETITION TO PARLIAMENT.

Leprosy Commission,
Cape Town, May 24th, 1894.

SIR,—I beg to inform you that evidence has been adduced before the Commission to the effect that you were instrumental in getting up a petition to Parliament which had an unsettling effect upon the leper patients.

The Commission would be glad to learn whether this was the case, and if so, what was the nature of the petition. If you can forward a copy of the same I should be glad, and any other information in connection therewith.

I have the honour to be,
Sir,
Your obedient Servant,

C. F. K. MURRAY, M.D.,
Chairman.

Rev. W. WATKINS, Robben Island.

Robben Island,
May 26th, 1894.

DEAR SIR,—The facts about the petition are as follows:—

The substance of the petition was a request of the patients to be allowed to return to their homes.

Petitions were sent to Parliament by both the male and female patients, the desire to send the petition being, so far as I know, not prompted by any outside influence.

The male patients wrote their own petition, the female patients, having no one of their number able or willing to do so, requesting me to write for them; this I did, and also assisted them by writing the names beside the marks of those who could not write: this was on June 14th, 1893; if the petition has not been destroyed my name will be found signed on it as witness to the marks.

I kept no copy of the petition nor list of the signatures.

The petitions were as I gathered from the papers presented to Parliament, and on July 22nd, 1893, a number of members of Parliament visited the island, to enquire into the state of the leper patients, as a result I believe of the petitions sent by them.

This is all the information I am able to give you on the subject, enough I hope, however, to explain to you my share in it.

I have the honour to be,
Sir,
Your obedient Servant,

W. WATKINS,
Chaplain.

CH. F. K. MURRAY, Esq., M.D.,
Chairman Leprosy Commission.

SANITATION OF ROBBEN ISLAND.—DR. GREGORY'S REPORT.

Colonial Office, Cape of Good Hope,
Cape Town, January 27th, 1893.

ROBBEN ISLAND INSPECTION OF WATER SUPPLY.

SIR,—Having made an inspection of the several sources of water supply on Robben Island, I have the honour to report to you the result thereof.

The inhabitants of the island are mainly supplied with water obtained from shallow wells and springs or fountains, the situation and description of which are as follows:—

1. The old Windmill Well, being the highest situated well on the island, the ground being some 40 feet above sea level. It lies at about 65 yards to the back of the male lunatic wards (the closets of which are about 25 yards from the well), and at about 170 yards due east from the old burial ground, the latter being at a higher level than the well. It is 46ft. 6in. deep, and its sides are practically unsteined. It is surrounded by a low, badly-built coping. Such a well must be freely permeable at all levels, from the surface downwards.

1. The New Windmill Well, or Mule Well, situated at about 60 yards from the north-east corner of the male lunatic wards, appears to be but in little better condition than the old well. It is 36ft. 6in. deep. These two wells are the chief source of water supply of the island, all except the female leper wards receiving their water therefrom. An elevated tank, to hold 6,400 gallons, is being constructed for distribution to all parts of the settlement.

3. A well, close to the shore, near the landing place, which I am told is now discarded. It is said to have yielded at one time good water, but in the attempt to increase its yield by deepening, the sea was let in and the water is now too brackish for use.

4. The Whalebone Well, situated at some 100 yards to the south-east corner of the female leper wards. It is 17ft. 6in. deep, is simply dug out of the rock, and is unsteined. It contains a foul orange-coloured water, and is, I am told, not used for any purpose. Its daily yield is 250 gallons.

5. The Central Well, situated at about 80 yards directly in front of the female leper wards, and on a slightly lower level between them and the sea. It is very shallow, being only 12ft. 6in. deep, and is only some 50 yards from the edge of the sea. It is unsteined, being merely lined with loose stones. Its yield is about 950 gallons per diem. This well is comparatively new.

6. A spring or fountain, situated also in front and to the north of the female leper wards, some 50 yards off and at the same distance north of the Central Well. This forms a terribly foul pond, covered with aquatic vegetation. These two sources of water are connected to a common pump, by which the water is supplied to the female leper wards, there being a stop-cock by which the water can be pumped as well from either the central well or the spring.

7. At the extreme northern end of the island is a spring which Mr. Bain considers would yield a permanent supply of pure water. An analysis made at the time showed it to be polluted and to contain 19·76 grains of chlorine (? to the gallon). The pollution was thought to be due to the droppings of cattle and to the amount of vegetation growing in the pool, and it was believed that it could be remedied by proper cleansing. The spring comes to the surface at about 70 yards distant from the sea-line.

8. A couple of small springs on the western side of the island. I had not the time to inspect Nos. 7 and 8.

During the past two years many analyses of the water obtained from these sources have been made, but most unfortunately in but few cases has any note as to the particular well or spring from which the samples were obtained been recorded; and, further, many of these analyses fail to supply information quite as full as it might be, the analysis frequently not having been carried beyond the mere estimation of the amount of solids and of chlorine. But there is another and more serious difficulty arising from the entire absence of analytical data as to the qualities of normal Robben Island water, that is, of water which cannot have been affected by any of what I may call the obvious artificial means of contamination which undoubtedly exist in the case of all the wells at present in use on the island. This difficulty is in no way more severely felt than when attempting to arrive at a correct appreciation of the chlorides or salt. These may be derived from three distant sources, viz., (*a*) from the soil and strata through which the water has percolated, (*b*) from admixture with sea water, (*c*) from animal organic contamination, more especially that caused by urine.

As to the first, the nature of the geological formation of the island renders this unlikely, and an analysis of some of the soil gave but 0·010 per cent. of chlorine, while the various analyses of the water give an average of 0·034 per cent. at least, so

that we may exclude this as being the source. With regard to the second possible cause against it is the fact that the geological arrangement of the strata is such as to render the admixture with sea water unlikely and also that a comparison of later with former analysis shows that on the whole a marked increase has taken place in the amount of this consistent. On the other hand, on looking at the entire series of analysis one cannot but be struck by the singular constance with which it is present in all the waters analysed.

Further, the amount is extremely high even for a most polluted water. I must also point out that although the level of the surface of the water contained in the wells is in every case above high water sea level (in the case of the old windmill well as much as 21 feet) yet in every case the level of the bottom of the wells is below high tide level, and in the case of the new windmill well, which of the two always gives the highest proportion of chlorides, is some five feet below low water level. I am therefore of opinion that the chlorine is chiefly derived from the salt of the sea. But while arriving at this conclusion I must remind you that this by no means excludes the possibility of other and artificial contamination having a share in causing its presence; and of which contamination there exists ample evidence.

Taking a general view of the analysis of water from the several sources at present in use—namely, the old and new windmill wells, and the central well and the spring adjoining the female leper wards—they all disclose the fact that the water is heavily polluted. Also that this pollution is of probable animal origin, and further that it is of recent date. This latter fact is evidenced by the nitrogen contained in it being in the chemically high grade of albuminoid ammonia, it having been but very partially oxidised into the simpler forms of free or saline ammonia, nitrites and nitrates. Further, on looking at the series of analyses it appears pretty certain that the quantity of albuminoid ammonia is gradually increasing. Next as to the actual sources of pollution. The ground round the old windmill well is loaded to some depth with cattle dung of all ages. At the time of my inspection there were several head of cattle standing and lying around. It is, in fact, to all intents and purposes a kraal. Whenever the rain falls on the ground, or water is spilt on it, or any of the cattle urinate, it percolates through the soil into the well, carrying with it, in a dissolved or suspended form, portions of this dung, soon to find its way, practically unchanged, into the well, there to mingle with the water. This is a very bad state of affairs, and one which it is astonishing should ever have been permitted for a moment to exist. In addition to this, at the short distance of 170 yards, as before mentioned, lies the old burial ground. Taking into consideration the nature of the soil and the dip of its strata, this must be a source of contamination, but the contamination from this source is not likely to be so great as the one I have just pointed out, for this only contaminates the actual rain which falls on and close around the burial ground, while in the other case filth is being constantly poured into the ground. The solid and liquid excretions voided by an animal during one year amount to several times its body weight, while its body would take some years to entirely decay away in the ground.

The pollution of the new windmill well can also be easily accounted for. It is fairly surrounded at no great distance by dwellings. So far as I was able to ascertain, with but slight exception, no provision whatever is made for the removal of household waste and slop waters. The chamber urine, I am told, is supposed to be emptied into the closet pails, which in almost every case are situated at some distance from the house; and although in many cases this is doubtless honestly carried out it requires but little knowledge of human nature to form a fairly correct opinion as to what becomes of a large portion of it. With regard to all other slops, waste water, and the greater part of the refuse, it is "just thrown outside." This must lead to a very gross and serious pollution of the soil generally, and its effect in the quality of the water in any neighbouring well, one would suppose could hardly stand in need of argument. But in this respect there is great difficulty in making people understand the evil which is wrought. It is a case of "out of sight out of mind," the sand looks so white and clean, and any fluid cast upon it sinks out of sight so rapidly that no thought is given to the fact that it must go *somewhere*, and where else more easily and naturally than into a "shallow" well with unprotected, permeable sides? These wells draw the water from the soil for long distances around them, which I here estimate to be in the proportion of a radius of 100 to 150 feet for every foot that the water in the well is lowered by pumping. In addition to this possible source of pollution there exists another in the shape of the exceptional piece of drainage above mentioned. This consists of a brick culvert in an exceedingly bad state of repair, full of holes and fissures; badly constructed, laid with insufficient fall, too large to be flushed by the volume of water usually passing through it and liable to frequent obstruction at its outfall into the sea by the washing up of sand. It starts in the closets and urinals in the yard at the back of the male lunatic wards, passes under the building, and after receiving tributaries in

the shape of drains from the kitchen and elsewhere leaves the building opposite the front entrance and runs down to the sea, passing the new windmill well at a distance of abour 70 yards off. This drain conveys urine and other foul water and is, so I am told by the attendant, a constant cause of nuisance and offences. In addition to this there is another drain, partly covered and partly open, which runs from the north-east corner of the male lunatic quarters, in close proximity (and here it is not measured out) to the well. This drain conveys slops and waste water. I am also informed that there are several old and disused cesspits and drains about the spot, and close down upon the well there has been put up a temporary closet for the use of the workmen employed in the erection of the new storage tank. Of course this need not necessarily lead to pollution of the well, but the fact of it having been placed there at all indicates an astonishing disregard of the simplest sanitary precautions. Next as to the source of pollution of the wells in the neighbourhood of the female leper wards, and from which their water supply is derived. The means for pollution are here so extensive and variable that the following rough outline will better illustrate the facts than can any verbal statement :—

A is the central well before described in the accompanying diagram.

B is the spring covered with a thick coating of vegetation. Floating on its surface was an excrement, and lying close to the water's edge was another.

At E were a row of washing tubs lately used with a well marked line of dirty soap-suds running from them down into the pond 333.

C is a hand-pump connected by pipes *a* and *b* with the well and the pond. At the pump C is an unprotected cock for enabling the water to be pumped at pleasure from either the well or the pond. On enquiry I found that up to within a few days of my visit the water had been pumped and drank from the foul pond, when the tap had been regulated to draw from the well instead of the pond by the Assistant Medical Officer himself. It had obviously not been intended by the authorities that the pond water should be pumped, but such is the arrangement that any person who pleases may tamper with the tap.

F is a disused cesspit (through which there are the remains of a former water pipe passing). G is the mortuary. H is a row of closets. I was told that they are not used now, but on inspection I found numbers of recent excremental deposits, and the place was most offensive. I fail to see how anything else could have been expected while it is left open for the use of those lepers occupying the court-yard during the day-time.

I is a very carefully made cement washing basin which discharges its contents through a carefully made cement furrow into the ground at I.

J is an open drain running from the kitchen.

K conveys the dirty slop and waste water and discharges itself into a sumpt-hole at J.

The red arrows indicate the fall of the ground.

Somewhere about the spot marked thus * a piggery existed.

This is the water supply of no less than 143 ignorant, helpless lepers. Without further comment I may say that they are all removable sources of pollution, and that they have ever for a moment been allowed to exist, is a disgrace to the sanitary management of the island.

I believe that at one time the water in this well was pure; true that in view of its structure and position, I don't for a moment believe it could have remained uncontaminated to some extent, but it is now the WORST contaminated water which I have seen analysed from the island. The water from all the sources must be unhesitatingly condemned for drinking and culinary purposes, and *ipso facto* for the washing up of eating, drinking and cooking vessels.

I may mention here, that on enquiry, I learn that diarrhœa is common on the island, more especially among fresh arrivals.

If all sources of pollution could be and were renewed, the wells would, doubtless, tend to purify themselves in a degree; but this is a matter of time, for which the sandy nature of the soil is extremely ill-adapted. In addition to which all these wells are badly constructed, and in relation to surrounding dwellings very badly situated for the purpose of being kept wholesome. With the greatest care some amount of contamination of them is almost bound to occur. Moreover, I very much doubt whether the water, wherever found on Robben Island, can ever be a safe and reliable source of supply. Even that obtained from the spring at the extreme northern end of the island has been found to be polluted. For the supply has to be got from shallow wells entirely dependent for their water upon the rain actually falling on the surface of the island; while its area is so limited; its population comparatively large; it has been so long, so variously and so persistently contaminated, and its soil is naturally so ill-adapted for self-purification. The male leper wards are supplied to some extent by the rainfall collected from the roofs of the pavilions, and this, I think, is the solution of the difficulty in regard to drinking water; but this plan must necessarily involve a large

outlay. At present the rain is stored in two ways—(*a*) in large 400-gallon galvanised iron tanks; (*b*) in large underground cement tanks. The first method is to be condemned for these reasons:—It is very expensive; their capacity is too small, and a great proportion of a good fall of rain must necessarily run to waste; their number would preclude the use of proper rain-water separators; they corrode, and when foul are much less easily cleaned; they are more liable to be tampered with by the patients (of those I saw numbers of them had their lids off); they do not keep the water so cool. In regard to cement tanks, it must be pointed out that their position should be carefully chosen. The one at present constructed on the island is too near the closets, being only separated by some ten feet, the soil of which was, at the time I saw it, in parts moist with the urine that had leaked through the back; besides which the drain pipe from it runs in dangerous proximity. The absolute necessity for having them perfectly impermeable is obvious. In regard to the collection and storage of rain-water from the roofs generally, the only difficulty likely to occur is in the case of small buildings, where the roof area being limited, the cost of collection and storage becomes out of proportion to the quantity of water obtained. With reference to the quantity required, this should at least be $1\frac{1}{2}$ gallons per day per person, viz.:—

For drinking purposes	.. .. ..	$\frac{1}{3}$ gallon
For cooking „	.. .. ..	$\frac{3}{4}$ „
For washing „	.. .. ..	$\frac{5}{12}$ „
		$1\frac{1}{2}$ galls. per day,

or, say 550 gallons per annum. This, however, is a very close estimate, and with the cost of distribution the amount required will probably be nearer two gallons each, or 730 per annum.

The rainfall last year is said to have been over 27 inches. This was a wet season, possibly a dry one would be under 20 in., and this, properly, should be taken as the standard. The evaporation from roofs averages in England 20 per cent., while on Robben Island it should be considerably more; thus we can hardly reckon on more than 15 or 16 in. as being available per annum, and this I think is more than would be the actual yield. And to obtain 550 gallons per annum we should thus require from 65 to 70 square feet of roof area for each individual. But as above indicated in practice, probably nearly 100 square feet would be advisable.

The only alternative plan consists in either importing the water from the mainland, or in rendering it inocuous by boiling under pressure in large steam boilers with subsequent arration. But having regard to the quantity required—nearly 200 gallons per diem—this would be a large and costly undertaking. Much might also be done by the construction of proper filter beds of suitable material, but the cost of this would be little, if any, less than that involved by the collection and storage of rain-water, while being less satisfactory in every way.

In conclusion, I would wish to draw attention to three matters of great sanitary moment to the future health of the inhabitants of the island. Firstly: The great need that exists for a proper system of drainage—true sanitation does not end with the mere removal of excrement. Secondly: The disposal of excrement. The plan now adopted is to convey it to an elevated spot, some little distance north of the lighthouse, and there to bury it in trenches. Upon what principle such a site was chosen it is difficult to imagine. This plan ought to be discontinued. The night-soil should, if possible, be deposited on the beach, at low water, at a distance from any dwelling, provided that the currents are such as to ensure it being carried at once out to sea. If not, it should be buried at as low a level near the sea-shore as possible. The most satisfactory method of dealing with it would be to take it daily out to sea in a special boat for the purpose, and there dispose of it, the only objection to this being that on stormy days the boat might be prevented from going out, and there is also the difficulty of loading the boat. This question is of some magnitude, when considered on respect to the small size of the island. The daily amount of solid fæces to dispose of ought not to be much less than 2 cwts., and of liquid matter or urine about $25\frac{1}{2}$ cwts. The third point is as to burials; of course, the most satisfactory and hygienic procedure is to cremate, but in the absence of this it is advisable to choose a site as far off and at as low a level as possible. The bodies, however, should not be buried lower than high-water mark, otherwise the rising and falling water level may lead to offensive emanations. Each body should be covered by at least four feet of soil.

I have the honour to be,

Sir,

Your obedient servant,

(Signed) A. JOHN GREGORY

P.S.—The attached plan, kindly drawn for me at my request by Mr. McLellan, shows in detail the state of things existing at the female leper wards.—[Sgd.—A. J. G.]

COMMUNICATION WITH MAINLAND.

Colonial Secretary's Office,
Local Government and Health Branch,
Cape Town, Cape of Good Hope, 16th June, 1894.

Sir,—In compliance with the request contained in your letter of the 4th instant, I am directed to forward herewith, for the information of the Leprosy Commission, the enclosed Statement which has been furnished by the Chief and Medical Superintendent, Robben Island, shewing approximately the cost of boats, steam communication, &c., between the Island and the Mainland for one calendar year.

I may state that the expenditure last year in connection with this service was about £2,600, and it is anticipated that it will be about the same this year.

I have the honour to be,
Sir,
Your obedient servant,
HENRY DE SMIDT,
Under Colonial Secretary.

The Chairman, Leprosy Commission.

Estimate of the cost of Steam Communication between Robben Island and the Mainland for one calendar year:—

	£	s.	d.	£	s.	d.
For 156 Ordinary Trips under Contract	1,500	0	0			
For Additional Trips:						
Under Contract. { Say 6 per *Tiger* @ £15	90	0	0			
Under Contract. { „ 6 „ *Magnet* @ £10	60	0	0			
				1,650	0	0
SALARIES, &c.:						
Chief Boatman	93	0	0			
3 Assistants, £83, £60, £60	203	0	0			
4 Rations for above @ £20	80	0	0			
Cost of uniforms and oilskin clothing [approx.]	30	0	0			
	406	0	0			
Add ⅓ for Quarters [approx.]	68	0	0			
				474	0	0
MARINE STORES, &c.:						
Rope, rowlocks, canvas, tar, &c., &c., also repainting and repairing boats [approx.]				200	0	0
COST OF CONVICTS:						
20 men, 168 days, @ 1s.	168	0	0			
2½ lbs. Sugar, 168 „ @ 25s. 3d.	5	6	0			
1¼ „ Coffee, 168 „ @ 120s.	13	2	0			
10 Oilskin suits @ £1 1s. 0d.. . ..	42	0	0			
40 Blanket suits @ 10s. 6d.	21	0	0			
40 Pairs Boots @ 6s.	12	0	0			
				271	8	0
Total approximate cost for one year, excluding initial cost of boats				£2,595	8	0

ROBBEN ISLAND RESTAURANT.

Return showing the takings at the Robben Island Restaurant during the twelve months ended the 31st May, 1894 :—

		£	s.	d.
June,	1893	176	6	9
July,	,,	186	4	4
August,	,,	193	4	10
September,	,,	186	5	8
October,	,,	197	11	9
November,	,,	189	11	5
December,	,,	195	13	2
January,	1894	196	16	2
February,	,,	188	14	11
March,	,,	223	8	1
April,	,,	135	4	7
May,	,,	152	11	5
	Total	£2,221	13	1

CORRESPONDENCE re MINUTES OF EVIDENCE AND LETTER OF MARCH 12TH. 8/2392/606.

Colonial Secretary's Office,
Cape Town, Cape of Good Hope,
June 22nd, 1894.

SIR,—I am directed to acknowledge the receipt of your letters dated the 11th and 14th June, the first transmitting the printed minutes of the evidence taken by the Commission for the purpose of their interim report, and the second requesting that I should not allow it to be distributed until the Commission's Report is ready, so that both may appear simultaneously.

In accordance with the Colonial Secretary's instructions, I mentioned to you at our interview yesterday the difficulties which Mr. Faure saw in the way of dealing with the volume of evidence in the form in which it was submitted to him.

Yesterday the printer delivered the full number of bound copies of the evidence, and in deference to the wish of the Commission expressed in your letter of the 14th instant I gave instructions that it should not be distributed.

These instructions, I may mention, were only just in time to prevent the departmental officers from making such distribution, as I had not thought it necessary to issue any previous instructions, seeing that I quite understood that the Commission would arrange with the printer to have the Interim Report bound up with the evidence, such an arrangement being the only one that will secure practical compliance with the expressed wish of the Commission that both should appear simultaneously. I would submit to the Commission the difficulty of securing such simultaneous distribution if the Report and the evidence form two separate volumes.

I take this opportunity of mentioning that the Commission is in error in stating as you do in your letter of the 11th June, that they have not yet been supplied with the documents asked for in their letter No. 88, of 12th March last.

To that letter my reply of the 29th May, No. 8/1900/957, is as complete an answer as I am able to supply.

I am to intimate to the Commission that the Government will give the most careful consideration to the request submitted in the Commission's letter of the 11th June, as also to the evidence accompanying that letter.

The Colonial Secretary wishes me, however, to inform the Commission that whilst steps will continue to be taken in the future, as in the past, to maintain the highest efficiency of the officials employed on Robben Island, it is obviously impossible to prevent the occurrence of irregularities such as those which are admitted to have occurred in the past, all of which, in so far as they have come to the knowledge of Government, have been adequately and sufficiently dealt with.

I am, Sir,
Your obedient Servant,
HENRY DE SMIDT,
Under Colonial Secretary.

The Chairman of the Leprosy Commission,
Cape Town.

Leprosy Commission,
6, Hofmeyr Chambers,
June 25th, 1894.

SIR,—I have the honour to acknowledge the receipt of your letter No. 8/2392/606 of the 22nd instant, and to state that the Commission considered it would be more convenient to have the minutes of evidence and report printed in separate volumes.

With regard to the paragraph in which you state "that the Commission is in error in stating that they have not yet been supplied with the documents asked for in their letter No. 88 of 12th March last," the Commission much regret that you are unable to supply them with the documents asked for.

I have the honour to be,
Sir,
Your obedient Servant,
C. F. K. MURRAY, M.D.,
Chairman.

The Under Colonial Secretary.

FURTHER CORRESPONDENCE *re* EVIDENCE AND REPORT

Leprosy Commission, June 11th, 1894.

SIR,—I have the honour, by desire of the Leprosy Commission, to transmit herewith the printed Minutes of the Evidence taken by them for the Interim Report.

In conjunction with the Minutes of Evidence, and in compliance with a resolution of the Commision, dated March 19th, 1894, and for the information of the Government, I have to draw your attention to evidence contained therein, affecting the personal character of certain officials on Robben Island.

It would seem, however, that some of the matters alluded to have already come under your notice, as indicated in the letter of the U.C.S., of the 29th May, 1894. (No. 8/1900/957).

Although the Commission have not been supplied with the documents asked for in their letter No. 88 of 12th March, 1894, from the evidence taken they feel satisfied that there have been many and serious offences committed from time to time.

In handing this matter over to the Government the Commission are anxious to express their hearty recognition of the earnest endeavours made for the welfare and management of the leper institution, and the Commission feel confident that steps will be taken to maintain the highest efficiency of the officials employed, for they are of opinion that nowhere is such a course more important than on Robben Island; where nothing should occur calculated to decrease the moral influence or lower the "status" of the officials, or lessen the confidence of the public in an important State institution.

Seeing that the evidence is of an "ex-parte" nature, it will be observed that certain blank spaces are left; these spaces indicate the names of the individuals mentioned, and the Commission forward herewith a key thereto.

I have the honour to be,
Sir,
Your obedient Servant,
C. F. K. MURRAY, M.D.,
Chairman.

The Hon. Colonial Secretary.

6, Hofmeyr Chambers,
June 14th, 1894.

SIR,—I have the honour to state that the Leprosy Commission have this day sent a portion of their report in manuscript to the printers, and they are anxious that the strictest privacy should be maintained in regard thereto.

Instructions have been given that eight proofs only are to be struck off, and these are to be forwarded to the Commission without delay for revision.

With reference to the volume of Minutes of Evidence which has already been forwarded to the Government, I am instructed by the Commission to request that you will not allow it to be distributed until their report is ready, so that both may appear simultaneously.

I have the honour to be,
Sir,
Your obedient Servant,
C. F. K. MURRAY, M.D.,
Chairman.

The Under Colonial Secretary.

DOCUMENTS ASKED FOR BY THE COMMISSION, BUT NOT SUPPLIED.

Map of Robben Island.

Sketch plan of leper asylums.

Classification of expenditure on liquor regulations and restrictions for lepers isolated at their own homes.

Instructions to official visitors.

Table showing floor space and cubic air space per bed in the various dormitories and day rooms.

Particulars of ventilation and warming.

Regulations or instructions issued to officials or attendants at the leper asylum.

List of kit and equipment supplied to lepers.

Return showing number of offences committed by lepers and punishment awarded them.

Return of complaints made by leper patients, with reports on same by the surgeon-superintendent, or copy of complaint book.

Return of vaccinated and unvaccinated lepers.

Return of lunatic lepers.

Conditions under which a certain patient, Mr. ———, of ———, was discharged from the island.

LEPROSY COMMISSION.

Clinical Record — Register Number

Variety of Disease. — **Date of Admission.**

Name — **Race and Nationality.**

Sex. — **Age.** — **Birthplace.**

Residence—Past (*a*) — Present (*b*)

Special circumstances of locality (*c*)

Occupation—Past (*a*) — Present (*b*)

Conjugal Condition.—Name and Address of Husband or Wife.

Health of Husband or Wife.—Leprous or not. — Date affected, — Age at onset,

Children. Give as accurately as possible the following details, especially referring to the onset of Leprosy:—

	Living.					Dead.				
	Leprous.			Non-Leprous.		Leprous.			Non-Leprous.	
	Age.	Age at Onset.	Variety	Age.	Health of.	Age.	Age at Onset.	Variety	Age.	Cause of Death.
Brothers: No. of										
Sisters: No. of										

State if—(1) Husband, (2) Wife (3) Children were exposed to contact.

(*a*) For how long.

(*b*) In what manner.

(*c*) To what degree.

Hereditary tendencies, especially with reference to Leprosy in

	Leprous.	Age at Onset.	Age if Alive.		Leprous.	Age at Onset.	Age if Alive.
Father.				**Mother.**			
Father's Father.				**Mother's Father.**			
Father's Mother.				**Mother's Mother.**			
Father's Brothers.	.....	....	....	**Mother's Brothers.**	.....	....	....
Father's Sisters.	.....	....	....	**Mother's Sisters.**	.....	....	...
Cousins.	.....	....	....	**Cousins.**	.....	....	....
Brothers.	.....	....	....	**Brothers.**	.....	....	....
Brothers' Sons.	.....	....	....	**Brothers' Sons.**	.....	....	....
	.....	....	....		.....	....	....
Brothers' Daughters.	.....	....	....	**Brothers' Daughters.**	.....	....	....
	.....	....	....		.....	....	....
Sisters.	.....	....	....	**Sisters.**	.....	....	....
Sisters' Sons.	.....	....	....	**Sisters' Sons.**	.....	....	....
	.....	....	....		.....	....	....
Sisters' Daughters.	.....	....	....	**Sisters' Daughters.**	.....	....	....
	.....	....	..		.....	....	....
Sons' Sons.	.....	....	....	**Sons' Sons.**	.....	....	....
	.....	....	....		.....	....	....
Sons' Daughters.	.... .	....	....	**Sons' Daughters.**	.....	....	....
	.....	....	....		.....	. ..	....
Daughters' Sons.	.....	....	....	**Daughters' Sons.**	.....	....	....
	.....	....	....		.....	....	....
Daughters' Daughters.	.....	....	....	**Daughters' Daughters.**	.....	....	....
	.....	....	....		.....	....	....

Family History as to Tuberculosis, Syphilis, Cancer, Malaria, Lupus, Insanity, Goitre, Yaws, Ainhum.

Personal Condition.

(*a*) Appearance

(*b*) Physique

(*c*) Diathesis

Vaccinated — When — Result

Habits as to (*a*) Food and drink, kind, quality of, &c.

(*b*) Exposure to weather.

(*c*) General surroundings at home and at work.

(*d*) Drinking water.

(*e*) Condition of life—Rich or Poor.

(*f*) Climatic, Geological and Ethnological surroundings.

History of Previous Illnesses—(Nature of, and date, &c.)

HISTORY OF DISEASE.

A. PAST—(1) Date of Onset..... (2) Age at Onset..... Nature of Onset..... .....

Prodromata (nature and duration of).

Health preceding attack.

Supposed cause.

If living or associating in any way with affected persons before or during Onset, under what circumstances. Give all particulars in detail: names of persons and place if possible, for verification.

Course and Progress.

Intercurrent Diseases. Occurrence of, nature of severity and state, with what (if any) influence on Leprosy.

[G. 10—'94]

B. PRESENT HISTORY.

I. Integumentary System.

(a) Exanthemata. Nature of. Colour, Extent, Onset, Date, Duration, Distribution, Recurrence.	Tubercles (*describe as before*).
(c) Ulceration.	(d) Cicatrices.
(e) Skin.—Subjective appearances. Dryness, Moisture, Obesity, Emaciation, Oedema, &c.	(d) Hair.—Scalp. Eyebrows, Face, Pubes, Body,

II. Nervous System.—1. Sensory Functions.

(a) Pain, heat, cold, formication, numbness, tingling.	(b) Sensibility to touch, Heat, Tickling, Pain,
(c) Muscular sense.	(d) Sight, affections of.
(f) Taste.	(g) Smell (note existence of Rhinitis).
(h) Speech.	(i) Voice.

(2) Motor Functions.—As to organic reflexes; swallowing, breathing, micturition, defæcation, skin reflex, tendon reflex, voluntary muscles.

(3) Vasomotor and Nutritive Functions.—As to local congestions, pallor, oedema, inflammation, sloughing or wasting, perspiration.

(4) Cerebral and Mental Functions.

III. Locomotory System. (a) Bones: Absorption, pain, inflammation, caries, necrosis.	(b) Joints: Inflammation or injury, &c.

(c) Muscles: Atrophy, absorption, mutilation.

IV. Alimentary System.—Lips, mouth, gums, tongue, palate, digestion, abdomen, intestines, liver, pancreas, &c.

V. Hæmapoietic System.—Lymphatic glands, spleen, thyroid, blood.

VI. Circulatory System.—Heart and arteries.

VII. Respiratory System.—Nares, Larynx, lungs.

VIII. Urinary System.
Kidneys, bladder, &c., urine.

IX. Reproductive System.
Male and Female.

Bacteriological Examination.

Date ..... Name of Reporter .....

Place of Examination ..... Address .....

A2179. 3,500. 2.94.

No. 16, Committee Room,
House of Assembly, Cape Town,
February 16th, 1894.

LEPROSY COMMISSION.

Sir,

The Commissioners appointed to enquire into various matters connected with Leprosy in the Colony, are anxious to obtain the opinion of those who are able to assist them. I have the honour to enclose a series of questions which the Commissioners submit for your consideration, and to ask you to be good enough to give them the benefit of your advice and experience on the points referred to.

I am,
Sir,
Yours very faithfully,
CHARLES F. K. MURRAY, M.D., Mch. F.R.C.S.,
Chairman.

---

1. Name and qualifications.

Address.

2. Have any cases of Leprosy occurred under your observation? Kindly favour the Commission with your experience.

3. To what extent does Leprosy obtain in your district—

(*a*) Among whites.

(*b*) Among other races?

In your opinion, is it increasing or decreasing in your district? Please state your reasons for holding this opinion.

How many cases do you believe to be *at large* in your district?

4. Which form is most common, and by what symptoms most commonly noticed?

5. Can you give any information as to the duration of the period of incubation, the mode of onset, and character of the initial symptoms?

6. To what extent is Leprosy modified by other diseases?

7. What other diseases, in your opinion, may be mistaken for Leprosy?

8. Do you consider, and have you any evidence going to prove, that Leprosy is diffused by hereditary transmission, and if so, is it by means of transmission from mother to foetus of the actual disease itself (*a*) in utero (*b*) during parturition; or merely a transmission of constitutional peculiarities favourable to the development of Leprosy? Kindly detail any evidence bearing upon this.

9. Do you consider that it is ever communicable from a diseased individual to one previously healthy, and if so—

(*a*) Is it so in all forms? Give in detail your reasons for your opinion and describe any cases which may have come under your notice.

(*b*) And in all stages? do. do.

10. Have you any reason to believe that it ever arises otherwise than by contact or association with a leprous individual, and if so, in what way?

11. Do you consider that the presence of lepers among the population in any way injuriously affects the public health?

12. Are you in favour of the maintenance of the present system of compulsory segregation in all cases, or would you advise a modification of the existing system?

13. Do you consider that leprosy has any relation with—

(*a*) Diet.

(*b*) Unhealthy surroundings—if so, specify.

(*c*) Nervous or mental conditions.

(*d*) Racial peculiarities.

(*e*) Soil.

(*f*) Uncleanliness.

(*g*) Poverty.

(*h*) Any other conditions? Please mention these conditions.

14. Have you any evidence showing that leprosy is peculiarly liable to make itself apparent in certain localities or dwellings? If so, kindly describe such areas.

15. Is there any evidence showing that the disease has any tendency to die out in certain families or districts?

16. Have you any evidence going to show that a case ever becomes arrested or cured?

(*a*) Temporarily.

(*b*) Permanently.—Give clinical details and information as to whereabouts of case or cases.

17. Can you give any opinion as to the effect of drugs upon leprosy?

18. If you can give the family history of any case or cases showing a hereditary transmission, do so in detail.

19. Do you know of any families showing a *peculiar* constitutional susceptibility rendering them peculiarly liable to the disease? Kindly detail instances.

20. Do you believe that leprosy is ever caused by vaccination? Have you any evidence in support?

21. What, in your opinion, is the chief cause of the spread of leprosy in South Africa?

22. The Leprosy Commission would be glad to be favoured with any views you may hold on the subject of Leprosy, not included in your answers to the above; and would be especially glad to hear of any instances where the disease has spread from a particular focus, or to be informed of any case or group of cases which require special investigation.

b. fol. JD. 163

VAM
7/11/54